

IDENTIFYING POWER DIFFERENTIALS IN NONVIOLENT HETEROSEXUAL  
COUPLES IN COUNSELING THROUGH DISCOURSE ANALYSIS

By

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by

Karen Ste. Claire Spicer

This dissertation is dedicated to my daughter,  
Kelsey Alexandria Ste.Claire Spicer,  
who is deeply loved in this lifetime and others. She is a natural environmentalist and  
existential thinker who communes with nature and her creatures. She is a child well  
beyond her years with natural leadership skills, intuition, and wisdom that can only  
benefit others. She represents all the children whose lives will be enriched when society  
dismantles the socially constructed patriarchal hierarchy. Only then will children grow to  
reach their highest self and create a more peaceful way of living and relating.

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Denver Simon Ste.Claire,  
a visionary, an environmental activist, a professor, and a writer, who guided me from afar  
for a very long time. Surely, his work influenced me in more ways than one can imagine.  
I am sure that he is very proud of this accomplishment.

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ahead of her time. She touched my life with color, creativity, celebration, and a whole lot  
of love. She influenced me more than any other person that has been a part of my life;  
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## TABLE OF CONTENTS

	<u>Page</u>
ACKNOWLEDGMENTS .....	iv
ABSTRACT .....	xii
CHAPTER	
1 INTRODUCTION .....	1
Evolving Focus/Subjectivity .....	1
Conceptualizing the Problem and Rationale for the Study .....	7
How the Study Was Conducted .....	12
Theoretical Constructs .....	13
General Orientation to the Contents and Organization of the Study .....	22
2 A REVIEW OF THE DISCOURSES .....	26
Introduction .....	26
Chapter Contents .....	28
Setting the Stage .....	30
Feminist Critique of the Marriage and Family Therapy Field .....	47
Marriage, Power, and Control .....	51
Sociolinguistic Focus on Power .....	62
3 METHODOLOGY .....	72
Statement of Purpose .....	72
Research Questions .....	72
Theoretical Perspective .....	73
Discourse Analysis .....	76
Participants .....	78
Data Collection .....	83
Data Analysis .....	90
Limitations .....	110
4 RESULTS: PART I .....	114
Case of “What about Her Needs” .....	114
Talk Time .....	114
Interruptions .....	127

Overlaps	142
Collaborative Speech	150
Minimal Responses	151
Use of Questions	158
Hedges	173
Control and Development of Topics	181
 5 RESULTS: PART II	 192
Case of “Much Ado About Nothing”	192
Interesting Observations in the Case of “Much Ado About Nothing”	193
Case of “One More Degree in the Bedroom”	204
Interesting Observations in the Case of “One More Degree in the Bedroom”	205
Case of “Stepping Out for Power”	215
Interesting Observations in the Case of “Stepping Out for Power”	217
 6 IMPLICATIONS FOR THE PROFESSION	 226
Socioeconomic Status (SES), Gender and Power	231
Marriage Counselors Are Not Aware of Their Participation	235
Impotence or Not	236
Language Is a Reflection of Our Cultural Rules	237
Feminist Research Not Informing Topic Development	248
Giving the Wrong Direction	252
Professional Directives Ignored or Short-term Behavior Changes in Male Clients	253
Exposing Privileged Talk Rules	254
Conclusions/Summary	254
Improvements or Future Research Needed	256
 APPENDIX	
A IRB APPLICATION	260
B INFORMED CONSENT FORM	262
C RELEASE OF INFORMATION	264
D TRANSCRIPTION NOTATIONS	265
E TRANSCRIPTION CONVENTIONS	266
F SPICER CONVECTIONS	268
G DEMOGRAPHIC FORM FOR THE CLIENT	269

H	DEMOGRAPHIC DATA FORM FOR THE THERAPIST .....	270
I	FOLLOW UP QUESTION FORM .....	271
J	TABLE OF SESSION TIME AND SEGMENT ANALYZED.....	272
K	TABLES FOR THE CASE OF “WHAT ABOUT HER NEEDS” .....	273
L	TABLES FOR THE CASE OF “MUCH ADO ABOUT NOTHING” .....	274
M	TABLES FOR THE CASE OF “ONE MORE DEGREE IN THE BEDROOM” ..	275
N	TABLES FOR THE CASE OF “STEPPING OUT FOR POWER” .....	276
O	TABLES FOR THE SUMMARY OF ALL FOUR SESSIONS .....	277
P	LETTER TO THE PARTICIPATING THERAPISTS THAT WAS ATTACHED TO THEIR COPY OF THE TRANSCRIPT .....	279
Q	LEGEND FOR TRANSCRIPTION .....	280
R	SUMMARY OF RESULTS PROVIDED TO THE PARTICIPATING THERAPISTS .....	281
	Introduction .....	281
	Purpose of the Study .....	282
	Research Questions .....	282
	Linguistic Behaviors Studied .....	283
	Summary of Results .....	285
	REFERENCES .....	292
	BIOGRAPHICAL SKETCH .....	297

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Gender based power differentials continue to plague nonviolent heterosexual couples as highlighted by feminist research. Through the application of feminist theory and the dominant theory of language to the practice of marriage and family counseling, this study identified dominant linguistic behaviors in couples engaged in couples counseling with experienced licensed marriage and family therapists. The purpose of this study was to identify gendered oppressive situational talk between male and female partners in counseling sessions through discourse analysis. Attempts by the therapist to intervene in the dominant speech behaviors and their contribution to the power dynamics of the speech were also assessed.

Four therapists (two females and two males) agreed to participate in this study and to audio tape a typical counseling session of the couple. Each therapist selected a couple that met the study's criteria: they were a nonviolent heterosexual couple over 21 years of age, lived together (married or unmarried) for a minimum of 7 years, and were



free of major psychopathology. Eight dominant linguistic features were chosen and identified using discourse analysis; they included talk time, interruptions, collaborative talk, use of minimal responses, use of questions, control of topic, overlaps, and the use of hedges. Averages of 36 minutes of session were selected for analyses.

This study revealed the prevalence of male dominant linguistic behaviors entering the counseling room and that the counseling setting cannot be separated from the sociocultural rules of a patriarchal society. The participating therapists did not intervene in the dominant linguistic behaviors and appeared to be more supportive of the male partner's talk than the female partner's talk. Thus, the study illustrated that the power of the hegemonic system not only affects our institutions but also impacts the profession of marriage and family counseling.

## CHAPTER I INTRODUCTION

This introduction chapter aims to accomplish two goals. The first goal is to frame the study by providing an overall sense of what it is about, why it is significant and how it was conducted. I will define important terms and concepts throughout the introduction. I will frame the study by providing a contextual background from my personal perspective and address the following questions: “What brought me to this study?” and “Why do I find it compelling?” The second goal of this chapter is to provide a general orientation to the contents and organization of the research.

### **Evolving Focus/Subjectivity**

Surely, if I had an invisibility cloak like Harry Potter, I would not be so noticeable when I stared at people and observed their interactions. My earliest memories bring to mind an increasing sense of curiosity about people and how they behave. To this day, one of my favorite pastimes is to study people and their behaviors and theorize reasons they act and speak as they do. I remember imagining what it would be like to walk in other’s shoes. I wondered about their life and their thoughts. In undergraduate school at the University of Florida, in 1978, I watched classmates show different reactions to tripping on a permanently fixed, single red brick in the sidewalk that stuck up awkwardly on one end. Note that I reported this to a professor so that proper steps could be taken for repair, although I believe that it had been cockeyed for a long time. Having said this, I was utterly amazed at the myriad responses from the people who came

in contact with this lone brick. Many responses that I recall include looking around first in embarrassment to see if anyone witnessed their stumble, looking at the bottom of their shoe to act as if something was wrong with their shoe instead of themselves, turning flush in the face, looking down with signs of anger such as cursing or kicking the brick. No one ever fell down but this brick was quite disruptive. It interrupted conversations with fellow students as well as adding more self-consciousness for new freshmen and other students at the school. There were many students hanging around this area between classes so that there was always a rather large audience about. I was one of them. I took the same seat on the planter's edge, in the shade. Sometimes I would burst out laughing. I personally knew of this red brick for I also had stumbled at one time, probably twice, until I committed its location to memory. It is funny that I did not remember my own reaction when I tripped. Perhaps, someone was watching me. It appears that this natural curiosity of watching human behavior, combined with my professional experiences, evolved into my dissertation topic.

With two older brothers and no sisters, my sibling position of being the youngest in my family of origin influenced my perspective. I learned well how to compete in a "man's world." The training ground was my family. I noticed when I was edged out and my voice was ignored, not because of being the youngest, but because I was "just a girl." I was told that I couldn't play "cowboys and Indians" with my brothers because I was "just a girl." Their rebuffs notwithstanding, I was adamant that I could play and would follow them around anyway. This, of course, ruined their game, especially when they were hiding and I was hanging around, unintentionally exposing their whereabouts.

Though my mother attempted to enforce gender based, unfair rules during my childhood, she sometimes would acquiesce to my logical presentation of fairness. For

example, when she told me that I needed to do the dishes every night because I was a girl, I negotiated that I would take every third night, the same schedule as my brothers. She agreed but she was not able to enforce this rule. I think she really did not know how to raise a daughter like me. I questioned everything that I thought was unfair, although ultimately I did as I was told. Eventually, my mother's best coping strategy was to silence me. The "good girl" script was given to me, to be quiet and shy and not cause problems. I followed the script outwardly for many years, but inwardly I took heed of my discontent with the gender-based unfairness. I never blamed my brothers for the unfair rules, but I held my mother responsible. It was all so illogical and oppressive. My father was chronically sick for 10 years before he died when I was 13½ years old. He was a very intelligent man who was kind and sensitive and was not gender oppressive. Through my interactions with my brothers and their friends, I learned to compete with males on their turf and became an outstanding athlete, competing in swimming, racquet ball, and triathlons. I loved the look on the boys' faces when "a girl" beat them. This competitive nature was what brought my husband and me together; he challenged me to a game of tennis and racquet ball played on the same day. He beat me in both games, and every game since then I have been trying to beat him for the past 19 years. He was an Olympic athlete. I am waiting until he is old and worn down enough so that I can manage to win.

By the time I was in middle school, I began to notice that for a girl to be attractive was more important than anything else. By high school, I knew that I had the preferred look and experienced the advantages that this bestowed. I was still hooked into this script in college, with sorority life and the University of Florida homecoming pageant. I wanted to be heard, but my value was based solely on how I looked.

I found my voice again after graduating in 1981 with a Bachelor of Science in Nursing from the University of Florida. I was living alone, away from any superimposed dysfunctional family of origin rules. I was introduced to Bowenian Family Systems theory in nursing school; this had a lasting imprint. At 25 years old, I consciously sought out counseling for a period of time in order to deconstruct, to the best of my ability, the negative family of origin imprints. Meanwhile, I practiced hospital nursing, specializing at different times in pediatric/adolescent (Shands), cardiovascular nursing (North Florida Regional Hospital), and community home health care (Atlanta/Daytona Beach). It was clear to me that there was a link between the body's physical health and emotional health. It seemed that many of my patients neglected nurturing their emotional health. I decided that a counseling degree would bring me closer to the source of the patient's physical health problems. I returned to school for a graduate degree, this time at Stetson University. In December of 1988 I received a master's degree in marriage and family counseling.

About 6 years into my career as a psychotherapist, Karl Tomm, a Canadian psychiatrist and therapist, spoke at an annual American Association of Marriage and Family Therapists' conference in Orlando, Florida. During his opening session he stated that it is the counselor's professional obligation to be socially responsible and become activists if groupings of inequalities are noted in the counselor's clients. I understood his message, at this point in my professional development, because I had become dissatisfied with simply noting, without further action, the existing power differences and oppression of women. I felt he was talking to me. I had heard the collective voice of the women that had been my clients, and I was uncomfortable with this universal struggle. I felt compelled to take action at the very moment that he spoke these authentic words. Time

and time again, I experienced the commonality of couples struggling with lopsided power differences and the problems that it created. It was frustrating that my training, as well as the required educational workshops, including state and national conferences in my field, did not address these issues of gendered power differentials.

I found validation with other like-minded professionals when I joined a group of five women for 2 years, called the Stone Center Group of Daytona Beach. I was a member for about 2 years before starting the doctoral program in Gainesville. This group consisted of feminist psychotherapists and met monthly to discuss “working papers” originating from the Stone Center. During this time, I also attended the Stone Center at Wellesley College in the Boston area to complete the advanced training workshop for therapists. There was a clear message from this group that more feminist researchers were needed in the field of psychotherapy. This call fit my professional developmental needs as well as my personal goals.

Since the start of my doctoral studies, I have spent the past 5 years immersed in literature reviews, readings, writings, and discourse about the applications of feminist theory. I have piloted research in gender based dominant language using discourse analysis. I have applied feminist theory to my course work and completed all course requirements for the certificate in women’s studies and gender research (WSGR). I presented “Exploring Power Differentials in Nonviolent Couples in Counseling Through Discourse Analysis” at The Conference for Interdisciplinary Qualitative Studies in Athens, Georgia, in January 2004. All of these experiences have been crucial to my ongoing development as a scholar-practitioner and the ultimate focus on power differentials in couples.

My personal experience as a wife further emphasized the awareness of the gendered hierarchy. The gender issues that I read about in the professional journals and continue to witness in my professional practice are the same issues that I experienced in my family life. The salient issues are money and negotiation of access to that money, the ways in which the decision-making process unfolds for important issues, methods of negotiation for completion of household chores and child care, and acknowledgment and valuation of nonwaged work. I have witnessed the difference in how male clients and female clients talk in therapy, such as their talk time, interruptions, and control of topic. I have also witnessed how often “her” issues do not get resolved when it comes to “him” giving up his privileges on the prominent areas presented in relationship counseling. I have witnessed “her” attempts to influence “him” from a subservient position in which “he” could pull rank at any time and deny her access to money and resources. For most couples, this dominant construction of gender, including our language, is part of the “normal” heterosexual relationship.

My ultimate personal awareness of this reinforcement process of gendered socialization involved raising a daughter who is almost 13 years old. Many factors have made it difficult for me, as a mother, to help my daughter understand her world and feel valued as a girl: from not being able to locate an important mother figure in a children's story to watching movies or television shows depicting the female as crazy, sexualized, dead, sick, stupid, incompetent, or mean. I ran interference as much as possible, but with great difficulty since our culture saturates us with these gendered messages, highlighting the female's lower status. Before my daughter could read I changed the words in her books so that the text was not sexist and the girl became the starring character. One day

she said to me, “Mommy, I know that you change the words to a girl when you read to me!” I knew at this point that it was time for a new strategy, one of deconstruction.

Ultimately, I believe that if counselors can learn to turn their attention to power differences and detect the language that exposes them, then counselors can begin to address this fundamental and critical issue in couple’s counseling. My ultimate goal is to facilitate this process through my research.

### **Conceptualizing the Problem and Rationale for the Study**

Feminists have widely demonstrated the problematic nature of marital and family life for women (Blaisure & Allen, 1995; Fishman, 1978; Thompson & Walker, 1989). There is an overwhelming cost to women financially, emotionally, and physically. Women are the marital partners responsible for a family’s emotional intimacy, for adapting their sexual desires to their husbands’, for monitoring the relationship and resolving conflict from a subordinate position, and for being as independent as possible without threatening their husbands’ status (Fishman; Thompson & Walker). Typically, these women show up as the identified patient in therapy and are depressed, stressed, and exhausted (Blaisure & Allen). The core marital problem is identified as the patriarchal hierarchy and the resulting devaluation of women’s work. There are many factors that contribute to obscuring women’s entitlement to relational equality (Blaisure & Allen).

The ability to recognize the marital collusion of equality presented by some couples is an important skill for the marriage and family therapist. That couples create marital myths of equality serves the purpose of preserving marriages. Couples are not aware of the discrepancy between what they espouse as equality and what they actually practice (Knudson-Martin & Mahoney, 1996). Marital myths conceal the existence of male domination and female submission in relationships and keep partners from



recognizing the existence of covert power (Fox & Murry, 2000). When a woman in a traditional marriage begins to assume feminist ideas (having equal power), her husband has little interest in changing his beliefs and behaviors (Blaisure & Allen, 1995).

The research supports the feminist position that in a heterosexual couple, a hierarchy is established based on gender (Fox & Murry, 2000). This position of power affects the access to resources and privileges that results in the wife negotiating from a subservient position (Goldner, 1985). Currently, the focus of the feminist evaluation of family therapy is on power inequality demonstrated through the negotiation process of household chores, childcare, and control of money (Blaisure & Allen, 1995; Ferree, 1990; Fox & Murry; Haddock, Zimmerman, & MacPhee, 2000; Thompson & Walker, 1989). Feminist scholars have reported research about the gaps in marriage and family therapy and have consistently documented this since the 1980s. They have challenged the inequity of the gendered roles and power in the family. This feedback, however, was largely ignored. Rampage (2002) reports that the field of couples therapy “has avoided fully embracing the principles of feminism that generated the social changes in gender and marital roles, settling instead for a more token acknowledgment that gender means something, without wanting to specify what that something is” (p. 261). She further stipulates that the “connection between gender and power in marriage needs to be more fully integrated in the theory, research, and treatment of couples” (p. 261).

When power differentials of couples are acknowledged, it challenges the traditional family system model that insisted adult family roles were interchangeable and equal (Goldner, 1985; Knudson-Martin, 2002). Family therapy emerged out of the psychotherapy model because it viewed the system of the family as being significant and in need of treatment rather than just focusing on the individual. This was an original idea

at the time. However, feminists noted that by mainstream family therapy standards, women were often blamed for the family's dysfunction (Goldner, 1985). Another feminist criticism is that the family system model failed to expand the systemic idea by not linking itself to the larger macrocosm of our culture. The feminist always links the family system to the larger society because of the belief that the personal life is a reflection of our political life. It is impossible for families to not be affected by our sociopolitical environment. The family reflects the same power differentials as those seen in our environment. The feminists are critical of the family counselor who pretends that the family is sheltered and is unaffected by the outside world (Carter, 1992).

In spite all of the research and literature documenting these very serious concerns about the marriage and family therapy field, the feminist critique has not been fully embraced and integrated into the mainstream of counseling. "Feminists could easily agree that women are disadvantaged by the structure of heterosexual marriage, and that couple therapy has done little to address that disadvantage; but specifying how to redress gender inequities in marriage and other committed relationships has proven to be a thornier problem, about which there is still no universal agreement" (Rampage, 2002, p. 263). A number of researchers have been offering suggestions about how to apply feminist principles to the practice of marriage counseling in order to create transformations in those relationships rather than just merely helping the couple fit into the prevailing paradigm of marriage (p. 261). Rampage states that there are several factors that have contributed to the feminist revisionism losing its momentum. One is that a number of the early voices have left the field; gender has been subsumed under the larger umbrella of diversity; it has not been immune from the backlash against feminism; practitioners who were never comfortable with close scrutiny of gender as a therapeutic

variable have been eager to define the problem as solved, and therapists as well as clients have been willing to accept the tiniest of token changes. For example, if her male partner talks to her for a few minutes each day, helps with child care or household chores, or she opens a new checking account: all of these could be enough of a change for some therapists.

The issue of gender and power seems to evoke an emotionally charged reaction in others that interferes with a rational and thoughtful integration of the feminist critique. I believe it is time for the discourse to evolve so that we can integrate the crucial feminist feedback into the counseling field in a professional manner, one that is not blocked by the patriarchal gatekeepers in positions of power or by the ignorance brought about by hegemony. This remains a difficult task if those in power choose to remain blinded by their own power differentials and defensiveness and maintain an unwillingness to incorporate the feminist research, including publishing findings in the mainstream journals. Of course, it makes sense that those who are most likely to lose privileges and resources would be most likely to participate in the denial or the feminist backlash in the profession (Carter, 1992). The task is further complicated if the oppressed continue to be unaware of their immersion in the sea of hegemony. Gramsci (1988), known for his writing on the hegemonic system, said that “hegemony is coercion wearing the velvet glove of consent” (cited in Artz & Murphy, 2000, p. 185).

I believe that the impact of gendered hierarchy is so penetrating and powerful it affects everyone's emotional health in negative ways, including men. Men are also constrained by the very narrow cultural definition of masculinity. The cycle of power over others is transmitted from one generation to the next. Many people distance themselves from the idea that they have a relationship in which one member is oppressed

and the other dominant. Couples often create the myth of equality, which prevents a real look into the dynamics of their relationship; to look closer at the lopsided power differences would compromise the stability of the dyadic system.

If anyone is to be held accountable for understanding the power dynamics of couples in relationships, it must be the relationship specialist: the marriage and family therapist. Yet, research documents that they are not trained in understanding gendered power differences and, therefore, are not intervening according to the feminist critique of the field (Fox & Murray, 2000; Haddock et al., 2000). One speculation about why there has been such a resistance to understand and intervene in power differentials in couples is that the feminist feedback about heterosexual relationships also challenges therapists to assess the power dynamics in their personal relationships. It is quite difficult to help others with these issues if we are blind to our own. In addition, a female therapist may not be valued by the male client and he may dismiss her invitation to evaluate his part in the problem, which may include giving up culturally sanctioned marital privileges.

In addition, therapists are not trained in detecting the dominant characteristics in our language and do not hold their couples accountable for the perpetuation of the patriarchal rules of the relationship through talk. Language encapsulates our culture and, as such, is an ideal instrument to study when wanting to capture the power differentials in couples reflecting the macrocosm in which we live (Coates, 1993; Gee, 1999).

Ultimately, I believe that if counselors can learn to focus their attention on power differences and detect the language that exposes them, then counselors can begin to address this fundamental and critical issue in couple's counseling. Other issues will only be temporarily "fixed" if the core issue of power is unresolved. If there are primary problems in the building blocks then therapy cannot be truly effective.

### **How the Study Was Conducted**

The purpose of this study was to identify, through discourse analysis, gendered, oppressive situational talk between nonviolent male and female partners in counseling sessions. Feminist theory and the dominant theory of language were applied to the practice of marriage and family counseling. The research questions were formulated in association with the theoretical constructs, feminist theory of gender and power and dominant theory of language. The research question was how does the language between nonviolent heterosexual couples reflect power differentials between them during a couple's counseling session? Subthemes to this question included how is language used during the counseling sessions? How is clients' use of language influenced by their gender? How does language in use affect the equity in the session? How does the therapist respond to the language inequity in the session, if present? Do the therapists contribute to the inequity? These questions guided the data analysis and were generated around the themes of gender, power, and language.

Discourse analysis was the method used to evaluate the language spoken during four different marriage counseling sessions. I applied the dominant theory of gendered language differences and identified eight different characteristics that translate into power dynamics in language. The eight different characteristics included talk time, number of overlaps, number of interruptions, use of minimal responses, use of hedges, control of topic, use of questions, and collaborative talk (Coates, 1993). These eight linguistic characteristics have been associated with dominant language used by males in mixed gender talk. People who have more power in a relationship will talk more; overlap more; interrupt more; use minimal supportive messages sparsely or not at all; not use many hedges but if they do hedge then it would be with certainty, not hesitation; they

would control the topic more including ignoring or not developing her/his topic; they would not use questions as frequently as her/him, which demands a response; and their talk would be more competitive rather than collaborative.

Two female and two male licensed marriage and family therapists participated in the study, and they each selected and audio taped a couple from their private practice clientele. The couple's criteria were heterosexual, nonviolent, and free from major psychopathology. The time frames chosen were that the couple had been in counseling at least four sessions and that the therapist had at least 7 years of clinical experience. Nonviolent heterosexual couples were chosen to participate in this study because the majority of couples would define themselves as such. Additionally, I wanted to evaluate mainstream couples and identify the power differentials that are often, unbeknownst to them, a part of their relationships. In this study, linguistic behaviors were identified and related to gender differences and power. The participating therapists' linguistic behaviors were also included in the analyses.

## **Theoretical Constructs**

### **Feminism**

The guiding premise in this dissertation is feminist theory. Dialogue with other traditions of social and political theory has been fundamental to the development of feminist theory (Osmond & Thorne, 1993). There are myriad categories of feminism, and various authors categorize them differently. However, there are common themes to feminist theory. In general, the different categories reflect various understandings of the meaning of women's place in culture and the change process necessary to achieve the feminist goals (Brown, 1994). First, the history of feminism will be highlighted, followed

by its major assumptions and finally the specific categories of feminism with its specific foci.

### **History of feminist theory**

Feminist theories emerged from and continue to have strong ties with political movements to end women's subordination within families and other institutions (Osmond & Thorne, 1993) Elizabeth Cady Stanton, one of the major theorists of the women's movement, offered a critique of marriage and family customs and advocated for divorce reform, birth control, and labor unions for women workers. Suffragists feared that she was too radical and thus elected Susan B. Anthony as their leader instead. By the 1880s, the women's rights movement had gained widespread support but mostly around the limited goal of voting rights. The battle to win the right to vote was finally passed in 1920, which took 52 years and exhausted the women's movement at this point in time. Toward the end of the 1920s there was growing fear of communism and radicalism, which expanded into an attack on the women's movement. The media began to declare that the family would disintegrate if women abandoned their domestic roles. The Great Depression of the 1930s further obscured the movement. More than 40 years passed before women organized and again became committed to their collective emancipation from oppression (Osmond & Thorne, 1993).

The 19th century women's rights movement encouraged more women to seek higher education. Women social scientists began to enter sociology and psychology professions during the late 1800s. Over time, an institutionalized schism emerged in the social sciences between the more theoretical, which was associated with "male," and the more practical, which was associated with "female" (Osmond & Thorne, 1993). Charlotte Perkins Gilman was a major 19th century feminist theorist who analyzed the relationship

between the domestic domain and women's subordination (Osmond & Thorne, 1993).

Gillman argued that marriage controlled women because of men's economic power in the family and that wage work is essential for women's self-esteem. She led groups of feminists who demanded wages for housework, housewives' cooperatives, day-care centers, and community dining clubs (Osmond & Thorne, 1993). Margaret Mead, a second generation female social scientist, was a pioneer in arguing that families would have fewer arguments and be less emotionally stressed if the job of mothering was shared by many people. She also suggested that sexuality could be more casual and open and that there should be early socialization of girls in the work place (Osmond & Thorne, 1993).

There was a reemergence of feminism in the 1960s, which grew out of a movement for the rights of African Americans (Osmond & Thorne, 1993). This period of time is called the second wave of feminism; its focus and concerns were broader, vis-à-vis the first wave, which focused more on the right to vote. The central themes in the second wave became oppression and liberation. The oppression of women was perceived to be the result of active subordination of women and it was understood that emancipation required political changes (Osmond & Thorne, 1993).

Sociologists dominated the academic writing on the family during the late 1960s and the 1970s. They assumed that the family was separate and different from other institutions. The goal of the sociological research and writing was consistently supportive of strengthening marriage and the family rather than questioning or criticizing the institution of the family itself and its gendered division of labor. It was men who authored and published their work in prestigious sociology publications (Osmond & Thorne, 1993).



## **Major assumptions of feminist theory**

There are five general assumptions of feminist theory (Osmond & Thorne, 1993). The first is the assumption that a woman's/girl's experiences are valuable and have been underrepresented or totally ignored in the past with the majority of "knowledge" reflecting a Euro-American class-privileged [white], heterosexual man (Osmond & Thorne, 1993). The second assumption is that gender is the basic organizing concept and gender is socially constructed. Gender is seen as a primary category in which power dynamics operate (Brown, 1994). The differences between women and men are exaggerated. The purpose of this focus is to legitimize and perpetuate power relations between women and men. Like race and social class, gender is a basic fundamental building block for inequality (Brown, 1994; Osmond & Thorne, 1993).

A third assumption of feminist theory is that gender must be connected to the larger macrocosm of our society. Feminist research and writing must reflect a sociocultural perspective since the entire culture reflects and supports existing gender inequities. A fourth assumption is that "the family" supports the oppression of women and should not be shielded from analysis. There are inherent rules of oppression embedded within the institution of marriage. The fifth assumption is that, since the major institutions of our culture support patriarchal inscriptions and devalue women and their experience, feminist research must also call for a political change (Brown, 1994; Osmond & Thorne, 1993). The personal is political; therefore, in essence, to study feminism is to study gendered politics (Brown, 1994). A feminist also understands that feminist theory assumes that we live in patriarchal cultures that are damaging to human existence and that our personal experience is the lived version of politics (Brown, 1994).

More specifically, feminist theory as applied to therapy focuses on the role of society in creating problems for the individual (Sharf, 2000). Feminist theory takes a sociological as well as a psychological view that centers on gender and power differences and on multicultural issues. The goals of feminist therapy are characterized by an emphasis on appreciating the impact of political and social forces on women, an open and egalitarian relationship between client and therapist, and an appreciation of the female perspective on life (Sharf, 2000), together with recognition that we are part of a larger political system (Avis & Turner, 1996). Feminist theory also holds family therapists accountable for understanding their own gender values and beliefs and achieving sensitivity to gender as a social category. The therapist is thus able to avoid unconscious gender bias with the subsequent replication of dominant ideas about women and men (Avis & Turner, 1996).

### **Violence and nonviolence**

Power is the infrastructure of the sex-gendered system. "Power is the process whereby individuals (or groups) gain or maintain the capacity to impose their will on others despite opposition. Involving or threatening punishment, as well as offering or withholding rewards, is also a part of this dynamic" (Robinson & Howard-Hamilton, 2000, p. 253). It is interesting to note that in societies that are rape-free, and battering-free, there is a different structural system in which women are not socially and economically dependent on men; instead, they have control over resources and make the same important decisions as men. This is in contrast to the American structural power system where women are most likely to be economically dependent on men (Robinson & Howard-Hamilton, 2000).

In general terms, domestic violence is defined as any kind of aggressive, abusive or violent behavior of one family or household member (present or former) toward another. Robinson and Howard-Hamilton (2000) state that it is estimated that 2 to 6 million women each year are abused by their partners and that domestic abuse is a national phenomenon that crosses all socioeconomic lines. Violence is defined as "an act carried out with the intention or perceived intention of causing physical pain or injury to another person" (Straus & Gelles, 1988, p. 15). Physical abuse can range from threats of violence, pushing, shoving, or slapping to restraining, beating, kidnapping, raping, and using a weapon or even murder. The following statistics originated from the Florida Department of Law Enforcement, Domestic Violence Data Resource Center for the year 2004 for the state of Florida. Of Florida's murders, 26.6% were domestic violence related; 119,021 persons were arrested for domestic violence related offenses. Of the total domestic violence related offenses, 21,494 (18.0%) were arrested for aggravated assault and 90,079 (75.2%) were arrested for simple assault. Other domestic violence cases included 14 for manslaughter, 1,146 for forcible rape, 407 for sodomy, 1,146 for forcible fondling, 255 for aggravated stalking, 4,551 for threat/intimidation, and 496 for simple stalking. These statistics indicate that domestic violence continues to be a major societal problem in victimizing women and supporting male dominance. Not all abuse is physical in nature. According to the power and control wheel (Pence & Paymar, 1993) a partner can gain power and control over another by using more subtle forms of abuse such as: intimidation, emotional abuse, isolation, minimizing, denying and blaming, using male privilege, using economic abuse and using coercion and threats. It is beyond the scope of this study to identify the more subtle forms of violence listed above in the couples that the therapists chose. Therefore, a criterion for this study will be that there

has not been a history of physical abuse, as defined herein, in the couple that is receiving relationship counseling.

There is an abundance of literature on domestic violence and yet many different definitions can be identified. The overwhelming number of domestic violence incidents in which men batter women is astounding (Jacobson & Gottman, 1998). This is a clear demonstration of the oppression of women by their husbands and boyfriends and the cultural epidemic that it reflects. I have chosen to not focus on how violent couples interact and talk with each other because so much has already been written on this and still a consensus of definition and treatment has not been reached. In addition, I wish to bring the research to the majority and expose the patriarchal power exercised through nonviolent language. Most couples would define their relationship as nonviolent and because of this it is my intention to draw attention to research of nonviolent couples. The intersection of feminist theory and domestic violence is the assumption that the prevalence of violence against women is part of the culturally sanctioned patriarchal system in which women are controlled through physical power. I focused attention on how women are oppressed through language.

An additional reason that I have selected nonviolent couples to study is that in the area of violence prevention and treatment, the treatment literature has not kept pace with the nontreatment related research. Many treatment approaches acknowledge the larger social problems that contribute to increased violence and interfere with successful outcomes (Busby, 1996). "Addressing violence at the familial, societal and cultural levels may promote a lessening of intergenerational violence" (Busby, 1996, p. 19). It is very difficult to effectively treat batterers whose behaviors are reinforced within the larger society, by the media, television, movies, the justice system (Busby, 1996) and other

world cultures and religion. In order for a second order change to occur, the violence inherent in our very existence must be addressed (Almeida & Durkin, 1999; Busby, 1996). Bograd (1992) states that therapists minimize the overwhelming social realities and manifestations of power in couple's counseling. I believe the use of dominant language by men when communicating with women is a form of control and acts to oppress them. Thus, how gendered power is played out in non-violent relationships needs to be researched in greater depth. Shedding light upon this issue is the ultimate aim of my research study.

From a feminist perspective, intimate violence is a criminal act. It is an effort made by a male perpetrator to control, intimidate and inflict harm on his partner-victim (Goldner, 1999). Many feminists want this kind of behavior punished within the criminal justice system. "If our culture did not in some sense sanction wife abuse, it would occur much less frequently than it does" (Jacobson, 1994, p. 20). Beyond physical and sexual assault, women in our society also endure subtler, more insidious forms of oppression and dominance; verbal aggression being one of them:

Verbal aggression is a form of communication, either verbal or nonverbal, intended to cause psychological pain to another person, or perceived as having that intent. Examples include name calling or nasty remarks (active, verbal), slamming a door or smashing something (active, nonverbal), and stony silence or sulking (passive, nonverbal). (Straus & Sweet, 1992, p. 35)

### **Connecting Power to Language**

Speaking has been analyzed as a social act in a social context since 1962 (Troemel-Ploetz, 1991). However, there has been only scattered research in the field of marriage and family therapy connecting power and language; linguistic and sociology disciplines have been more enthusiastic in this pursuit (Coates, 1993). Gender difference

in language does not exist in a vacuum. To separate theories about language and gender as distinct issues is misleading (Coates, 1993). Coates found that,

As children, we become language users and, through using language, become gender members of the community: both language and gender are developed through our participation in everyday social practice. In other words, language and gender are inextricably linked. But the fact that gender is accomplished through talk is only now being addressed seriously by sociolinguistics. (Coates, 1993, p. 204)

Gee (1999), a linguist, provides the framework for analysis of language. His focus is on how “language in use” reflects our social practices (p. 36). Language is universal. It carries the richness of our culture, including our gendered culture. Gee is more concerned with a theory and a method for how the details of language get recruited at a particular site and how the language will “pull off” specific social activities and identities.

According to Gee (1999), language-in-use is everywhere and is always political and “politics is part and parcel of using language” (p. 2). Gee’s use of the term “political” means anything and anyplace where human social interactions and relationships have implications for how “social goods” are or ought to be distributed. Social goods are anything that a group of people believe to be a source of power, status or worth. “The fact that people have differential access to different identities and activities, connected to different sorts of status and social goods, is a root source of inequality in society” (Gee, 1999, p. 13). Intervening in such matters can be a contribution to social justice. As Gee explains, “since different identities and activities are enacted in and through language, the study of language is integrally connected to matters of equity and justice” (p. 13).

Feminist theory and the study of language were integrated in this research to uncover the possibility that the patriarchal norm was being reenacted in session by the couple and the therapist.

This study's focus on sociolinguistics and power dynamics in relationships was essentially informed by Coates' (1993) research on women, men and language. She highlights that although there are two different theories of male and female language differences, one focusing on dominance and the other focusing on difference, women are always in the oppressive position (Coates, 1993). Therefore, based on my feminist theoretical position and understanding, I have chosen the dominant theory of language and its characteristics to assess the gendered differences in talking styles of couples in marriage counseling. I have conducted an extensive review of the professional literature and immersed myself in the discourses of feminist critique, sociolinguistics, and power dynamics. After critically analyzing the results of this study, it is my contention and the position I intend to further expound upon, that marriage and family therapists must further explore and seriously consider integrating the feminist critique into their clinical practice: learning to appropriately and effectively attend to power differentials, highlighted in language, in the course of couples' counseling.

### **General Orientation to the Contents and Organization of the Study**

Chapter 1, the introduction, situates the research within the parameter of both personal and professional life. First, the evolving focus and subjectivity of the research was discussed. Next, conceptualization of the problem and rationale for the study were discussed. I defined important terms and how I conceptualized critical processes like relational power and nonviolent relationships. The theoretical constructs were covered at length, including feminist history, major assumptions of feminist theory, categories of feminist theory, and finally details of the radical feminist theory to which I subscribe. Subsequently, I focused on the sociolinguistic field and how it describes differences between male and female language as either dominant or merely different. I shared why I

chose the dominant theory and how merely describing “differences” in our language eliminates associating power with language. I described discourse analysis and the position that I assumed was borrowed from Gee’s (1999) work in which he connects language to our culture and describes situational talk. The analytical steps of combining discourse analysis and dominant theory of language from the sociolinguistics field were described.

Chapter 2 contains most of the relevant review of the discourses; however, the methodology chapter also contains some of the discourse review on feminism and discourse analysis from a methodological point of view. Discourses were selectively presented throughout the dissertation to support various aspects of the study (Piantanida & Garman, 1999). Hegemony and the sociolinguistic focus on power were discussed. The sociolinguistic focus on power included language being about difference or dominance: language and power, gender differences in language, and other discourse analyses of power and gender. The feminist critique of the marriage and family therapy was traced over time. This critique included subthemes of sex role versus gender theory; marriage, power and control; power and physical violence; lopsided marital responsibilities; housework and waged work; parenting the children; money and power; and marital myths of equality. It was important to situate the reader in a full understanding of the hegemonic system that we are all a part of, male and female alike. I concluded the review of discourses by including two powerful feminist research studies, done in 1978 and 1979, that effectively connected language and power to gender: one by Fishmen (1978) and the other by West and Zimmerman (1979).

Chapter 3 discusses the research methodology, outlined in a progressive format in a three-part sequence. The first part includes the statement of purpose and the research



questions. The second part includes the theoretical perspective that includes a summary of radical feminism, how this theory affected the perception of truth and knowledge, and how radical feminism shaped my study including how it guided my research questions. Part three of Chapter 3 is the methodology section with subheadings of data participants/setting, sampling criteria, data collection methods, subjectivity, data analysis, validity, and limitations of the study.

Chapters 4 and 5 represent the results of the analysis. Chapter 4 is an exhaustive analysis of one case. Chapter 5 includes the analysis of the remaining three cases. Select significant segments of talk were chosen and elaborated upon in this chapter. The organization and presentation of results were primarily related to underlying theoretical constructs.

The final chapter, Chapter 6, outlines the implications of the study to the field of marriage and family therapy. This chapter includes a discussion of socioeconomic status (SES), gender, and power. This study integrates a discussion of the role that marriage and family therapists play in the reproduction of our cultural rules of power through language. Common themes found in all the cases are discussed, and their impact and application on the field of marriage and family therapy are explored. There is a discussion of how feminist research was not informing topic development in the counseling sessions; how the therapist attempted to manage a male client who refused influence from the therapist, as evidenced by his dominant linguistic behaviors, and its implications; how there was so much focus on his needs and not her needs; and privileged talk rules were illuminated and discussed. Finally, this section discusses how the findings from this research study expanded the body of knowledge in the field of marriage and family therapy and supported the guiding theory.

Following the implications chapter, the reader will locate the reference section and the appendix. The appendices will include the release of information form, IRB application, informed consent form, transcription conventions, transcription notations, copy of the letter sent to the participating therapists that accompanied their transcriptions, a legend for the transcriptions given to the participating therapists, summary of the results provided to the participating therapists, and methodology tables. The methodology tables include Appendices J, K, L, M, N, and O.

## CHAPTER 2 A REVIEW OF THE DISCOURSES

### **Introduction**

Feminist researchers often integrate and draw on methods and ideas from other disciplines beside their own (Avis & Turner, 1996). The research involved in this dissertation will reflect this notion. I will integrate the feminist critique of marriage and family therapy practice, particularly regarding gender and power, with the dominant theory of language from the sociolinguistics field, and discourse analysis, particularly identifying language as carrier of our cultural history and rules.

As a feminist marriage and family therapist, I am equally concerned for both the female and male client. The lopsided power differentials in couples create obstacles in reaching meaningful emotional intimacy and connection. It is difficult for any couple to reach conflict negotiation of presenting problems in therapy when power differentials exist and are not addressed. Language is a crucial variable of power that encapsulates our social cultural environment, even in the therapist's office. It is important to continuously uncover covert power relations that operate between heterosexual couples that are constantly enacted and reproduced in marriages and also within the therapeutic system. I took a closer look at the couple's language situated in a therapy room as well as the therapist contribution to this discourse.

I am particularly interested in how gender related power imbalances are created and maintained in relationships between family members and whether the language-in-

use during a professional therapy session can capture the power dynamics of a heterosexual nonviolent couple through discourse analysis. As a feminist researcher, I am interested in raising questions that challenge dominant constructions of gender and exposing the invisible dominant language that is part of the “normal” heterosexual relationship. I am also curious as to whether or not a licensed marriage and family therapist notices and address the powered language dynamics of the couple in a therapy setting. I asked the question, “How is powered language minimized in family therapy clinical accounts?”

There are three guiding theoretical components of this research. They are discourse analysis, sociolinguistic theory of dominant language, and feminist theory. Gee’s (1999) approach to discourse analysis includes his connection of language being the carrier of our history. Humans carry our history through language. The discourses that we enact existed long before we participated in it and most will exist long after us (Gee, 1999). “Discourses, through our words and deeds, carry on conversations with each other through history, and in doing so, form human history” (Gee, 1999, p. 18). Mostly, humans are very unaware of the history of these conversations. “In the end a discourse is a ‘dance’ that exists in the abstract as a coordinated pattern of words, deeds, values, beliefs, symbols, tools, objects, times, and places” (Gee, 1999, p. 19).

Sociolinguistics is the study of language in its social context. Specifically, this includes analyzing both stylistic and social variations in language. Stylistic variations are about how the individual will speak in different ways in different social contexts. Social variation is about how individuals who differ from others in terms of age, gender, social class, and ethnic group will also differ from each other in their speech (Coates, 1993). Sociolinguists are not only interested in describing linguistic variation and the social

context in which this variation occurs but also want to demonstrate the interrelationship of language and society. Sociolinguists analyze speech in order to show that linguistic variation does not occur randomly, but rather is structured in nature (Coates, 1993). The structured variation in language by gender can be interpreted as differences between women as a social group from men or it can be interpreted as representing being oppressed and marginalized. Researchers using the dominant model are concerned to show how male dominance is enacted through linguistic practice. This research supports the dominant model.

Feminist researchers see as their dual responsibility to contribute to greater gender equality as well as expand knowledge (Avis & Turner, 1996). “An explicit goal of much feminist research is to promote social change leading to the transformation of gender relations, both through the consciousness raising impact of findings and through policy recommendations and practical applications of the research” (Avis & Turner, 1996, p. 153). Feminist theory researchers share with critical theory researchers that both view inquiry as inherently political and commit to work toward social change and liberation from oppressive ideologies (Avis & Turner, 1996; Rediger, 1996). It is my hope that bringing attention to power differentials between couples in counseling demonstrated through language, that the field of marriage and family therapy will have to pay attention to this core component of couples and that this research will contribute to the further evolution of gender equality in the profession as well as the society at large.

### **Chapter Contents**

Central to the ideas presented herein are the works of a number of the foremost feminists, including Blaisure and Allen (1995); Brown (1994); Carter (1992); Ferree (1990); Avis and Turner (1996);, Fox and Murry (2000); Goldner (1985); Knudson-

Martin and Mahoney (1996); Haddock, Zimmerman, and MacPhee (2000); and Thompson and Walker (1989). It will highlight the developments in the feminist critique of marriage and family therapy since 1980 as they relate to power. This chapter will underline the definition of power and the characteristics of the more powerful and the less powerful. In addition, this chapter will examine a sociolinguistic perspective of power and language. Key articles were chosen to highlight the development of the feminist perspective, which demonstrates the lack of its implementation in the field of marriage and family therapy. They further exhibit the potential contribution, when implemented, to the mainstream framework of marriage and family therapy. The focus of this research is on nonviolent heterosexual couples in order to expose the often hidden and unspoken power differentials of “normal” couples, although the basic intersection of power and violence will be addressed.

The feminist critique of marriage and family therapy includes a look at how the profession’s systems theory does not connect itself to the larger sociopolitical world; the difference between sex role theory and gender theory; a closer look at the intersection of marriage, power, and control, including power and physical violence in intimate relationships; lopsided marital responsibility, including housework, parenting, and access to money; as well as describing the marital myths of equality that are created due to the nonsupporting patriarchal institutions that render it impossible to have true equality in marriages.

Coates’ research in *Women, Men and Language* (1993) was the necessary and essential contribution when focusing on sociolinguistics and power dynamics in relationships. A thorough discussion will describe gendered differences in language in all-female groups, all-male groups, and the results of mixed gender language. Gender and

classroom talk will be highlighted as well as two other qualitative studies in discourse analysis of power and gender. Sociolinguistic research connecting power and language is in its infancy while few current studies have been done in the field of marriage and family therapy (Coates, 1993).

## **Setting the Stage**

### **Categories of Feminist Theory**

There are many different categories of feminism that reflect several ideas of how to change women's oppression. They have variously focused on individual political rights, economic or sexual freedom, women's interpersonal and psychological experience, and culture or labor (Osmond & Thorne, 1993). Osmond and Thorne tie feminist theory together in proposing that all the categories of feminist theory place an emphasis on valuing women's experiences and supporting protest against women's subordination. Enns (1992) lists twelve different categories of feminism including career feminism, liberal feminism, existential feminism, psychoanalytic feminism, Marxist feminism, postmodern feminism, cultural feminism, lesbian feminism, radical feminism, socialist feminism, Black feminism, and radical women-of-color feminism. However, she groups these into “four influential and enduring approaches to feminist philosophy that have significant implications for the practice of psychotherapy” (Enns, 1992, p. 454). These four are liberal, cultural, radical, and socialist feminism. Similarly, Brown (1994) identified three main categories of feminism: reformist feminism, postmodern feminism, and radical feminism.

Liberal feminism, according to Enns (1992) is sometimes called “mainstream” feminism, in which the subordination of women is seen as lodged in legal, economic, and cultural constraints that block women's access to opportunities that are available to men.

They seek to reform legal and political systems that limit this access. Liberal feminism sees women's oppression as caused by rigid sex-roles conditioning and irrational prejudices that women are less capable than men. They believe that solutions to these problems can be found through rational argument, the transcendence of cultural conditions, and the legislation of laws that allow for equal opportunities (Enns, 1992). Choices in personal relationships should be based on personal preferences and should not be externally imposed. Some advocate for androgyny. Liberal feminists focus on redistributing power within power structures but have not questioned the basic assumptions of major social institutions (Enns, 1992).

Brown (1994) describes the same liberal feminism as a reformist political feminism. Brown's focus on reformist political feminism is primarily about the ways in which women have been denied equal rights and equal access. They are usually not critical of the system and the institutions of dominant culture but, rather, of the discrimination against women within that system. Brown views this theoretical base as a problem because of its subtle tendencies to shape women to fit within the structures of the status quo with little questioning of the values of those structures. Therefore, it does not meet the criterion of subverting patriarchy that Brown submits as a necessary ingredient of feminist action. On the other hand, Brown states that all feminism is political and that there are different forms of political feminism that reflect varied understandings of the meaning of women's place in culture and the nature of the change process necessary to achieve feminist goals.

Cultural feminism envisions cultural transformations based on honoring traditional feminine strengths that have not been valued in the current larger culture (Enns, 1992). Similarly, Brown (1994) states that postmodern feminism focuses on



uncovering the dominant cultural assumptions regarding gender. They define women's experience as distinctly different and highlight this rather than minimize the differences. Cultural feminism places less emphasis on political change but instead attempts to achieve broader cultural change by infusing the larger society with female values. Feminizing our culture with revaluing the emotional, nonrational, intuitive, and holistic elements of women's experience is a way to restore balance and harmony in our culture. Minority cultural feminists fall within the broad domain of cultural feminism, and have identified ways in which their particular culture is influenced and modified by racism and ethnicity (Enns, 1992).

Osmond and Thorne (1993) define another feminist theory as socialist feminism. Socialist feminists draw upon Marxist frameworks and stress the material base of women's oppression including the exploitation of women's work. Marxist feminists believe that equal opportunity is impossible in a class-based society. Socialist feminists focus their attention on the variety of types of women's work, waged and unwaged. The more modern socialist feminist view is to focus on the interaction of capitalism and patriarchy, as opposed to Marxist theory which is strictly about oppression due to capitalism. Socialist feminists also draw from Marxist theory because they stress the power relations within an oppressive framework. There are certain behaviors indicative of oppressed groups and women share these characteristics (Osmond, 1993).

Radical feminism takes a perspective that woman's oppression and inequality results in living in a culturally sanctioned world. Radical feminism focuses on analyzing women's inequality as one of many forms of oppression within a dominant patriarchal culture. They call for a change within the overall culture (Brown, 1994). The patriarchal cultures and their institutions are perceived as being inherently misogynistic and are in

need of radical transformation. Radical feminism maintains that this oppression of women will only change when there is change within the overall culture. Specifically, this would occur when dominance and submission as a way of relating are replaced by a more cooperative and collaborative form of social discourse (Brown, 1994).

### **Radical Feminism**

Thompson (2001) believes that the common practice of qualifying feminism within any of a variety of preexisting frameworks serves to disguise the core meaning of feminism. In the 1970s the frameworks were generally grouped into three labels: liberal, socialist and radical feminism; however, later in time the number of feminisms “defy enumeration” (Thompson, 2001, p. 1). Thompson believes that this division and subsequent allegiance to the various feminisms has provided a platform for attacking feminism from within. Thompson believes that radical feminism is simply unmodified feminism and that all the other labels serve to disguise its core meaning.

Radical feminism emerged in the U.S. in the late 1960's (Osmond & Thorne, 1993). The radical feminist view emphasizes the oppression of women as being deep seated with its locus of oppression being patriarchy. Radical feminists declare that the patriarchal system cannot be reformed, but instead must be eliminated. In addition, radical feminist theory challenges the male-dominated heterosexuality as a political institution that has suppressed women (Osmond & Thorne, 1993). Firestone (1970) is often regarded as the founder of radical feminist theory. She argued that romantic love is an ideological cover-up of relations of power, a disguise for sexual politics.

Radical feminists perceive the inequality that women experience as one of the many forms of oppression within a dominant patriarchal culture (Brown, 1994), while Enns's (1992) description lists the cause of sexism and oppression as male domination,

patriarchy and men's control over women's bodies. According to Brown, the patriarchal institutions, including marriage and the family, the justice system, the educational system, and organized religion, are inherently misogynistic and in need of radical transformation. These institutions promulgate the status quo. "Patriarchy is seen as attempting to control and denigrate women through systematic violence against them, the silencing of their voices and the degradation of their knowledge and ways of seeing and learning" (Brown, 1994, p. 57). Enns (1992) agrees with this and states that the key issues that radical feminists face are violence against women through birth technology, rape, battering, war, sterilization, intimate relationships, and pornography. Thus

radical feminism maintains that the oppression of women as a class will be changed only when there is change within the overall culture, when dominance and submission as the mode of relating are replaced by a cooperative, collaborative form of social discourse. (Brown, 1994, p. 57)

The radical lesbian feminist position believes that heterosexual relationships, especially marriage, "inevitably promote the subordination of women because they require identification with institutions that are founded on male prerogatives, needs, wants, and perspectives" (Enns, 1992, p. 456).

Radical feminists believe that minimal changes in women's oppression will not occur until there are fundamental changes to the institutions that support this hegemony. One such institution is the institution of marriage and the family. Feminists believe that the basic foundation of marriage is conceived in patriarchy. An essential feature of the marital dyad supporting women's subordination is the economic power that men have in the family. The idea of a culture investing so much in accentuating any gender differences is a culture that is intent on supporting and legitimizing power differences between women and men. Gender is a basic, fundamental element for inequality, just as race and social class (Brown, 1994).

Radical feminists, in general, support separatism since they believe that the various institutions of our culture are too entrenched in patriarchal norms. Separatism calls for a world redefined without oppression (Brown, 1994). Thompson (2001) believes separatism is a continuum of feminist politics and involves a withdrawal of consent to male supremacist relations of ruling. She makes it clear that separatism is not some kind of revolutionary end point that many readers misunderstand it to be. Rather, it is a constant strategy as long as male hegemony remains the norm (Thompson, 2001). Thompson adds that separatism is a withdrawal of allegiance to the male supremacist conditions, including institutions, and not withdrawal from men themselves. Brown believes that the placement of women in positions of power and authority and the admission of women into nontraditional fields of endeavor are generally perceived by radical feminists as merely symbolic, a form of tokenism and does not reflect substantial changes needed. "Radical feminists emphasize placing change in the patriarchal cultures that promulgate the status quo and integrating the analysis of oppression of race, class, sex, and other forms of oppression with gender oppression" (Brown, 1994, p. 57).

### **Hegemony**

Although the term hegemony now appears in many contexts, the popular use of the term has wandered far from its original concept (Artz & Murphy, 2000). The original concept equates hegemony with dominance. Gramsci (1988), the first to write about hegemony at length, says that it is not simply a process of indoctrination but a consensual cultural and political practice that meets the minimal needs of the majority while simultaneously advancing the interests of the dominant group (Artz & Murphy, 2000). "Hegemony creates a type of consciousness among many of the oppressed, [such as women,] that either blinds them to the reality of their own oppression or paralyzes them

to the possibility of organizing against the structures of oppression” (Allen, 2002, p. 106). It is a social condition in which relationships of domination and subordination are not overtly imposed but are a consensual cultural and situational practice (Allen, 2002). “The system of hegemony includes complicity with the norms of everyday life and produces subtle and devastating affects for the oppressed” (Allen, 2002, p. 106). Most women are ignorant about their oppression and minimize it if challenged. I think to contemplate the hegemonic system that we live in today, the social order that we are a part of, and the oppression that it brings to women and others, is so overwhelming that it is immobilizing and approaches disbelief. An example of the hegemonic paralysis to women is when “women couldn’t own property, couldn’t vote, couldn’t attend college, couldn’t partake in public discourse, couldn’t enter certain professions, and couldn’t play certain sports or join certain clubs, and still the majority of women as well as men thought the situation was fine” (Artz & Murphy, 2000, p. 154).

One way that hegemony operates is in its ability to deny humans real knowledge of how they are located within social and historical hierarchies. The false images of reality help to construct modes of thought and behavior that maintain the status quo (Allen, 2002). Those who do see through the hegemonic false reality are quickly silenced as soon as possible. One of the methods of maintaining the hegemonic system is by silencing those that challenge the validity of the hegemonic world view (Allen). But silence is also one way to survive so as to not be attacked. Those who monitor the normative order will vigorously defend it against any verbal or physical attack on its legitimacy (Allen). Those who play the role of the oppressor are not conscious of their role (Allen).

Few would contend that patriarchy is not present, but the majority would agree that enough women have benefited from the system as it is and the fight for gender equality has been won. Many feminist would agree that this misperception is as powerful a roadblock to change as any overt opposition (Artz & Murphy, 2000). The few women who are recruited into the hegemonic institutions (i.e., corporate CEO's) claim that there is no longer any glass ceiling, no more discrimination. These spokes models for capitalist hegemony provide "evidence" that this is so. Yet, the remaining 63 million working women suffer from discrimination (Artz & Murphy, 2000). So, what is it that women still want to be liberated from? This liberation list from Artz and Murphy (2000) included

- Restrictions against educational and employment opportunities.
- Laws that put them economically, physically, and socially under the control of husbands.
- Laws and practices that ignore their health needs.
- Almost total responsibility for housekeeping and child care.
- Moral double standards.
- Narrow standards of beauty that were often difficult, if not dangerous, to obtain.
- An overall sense of being regarded as less than fully human.
- Sexist language and pretending that words like "mankind, man and he" are universal terms that embrace both sexes [my addition].
- Media, film, advertising, and literature that continue to perpetuate the idea that women and girls are insignificant [my addition]. (p. 172)

Gender relations are rather different from those involving race and class because they are intrinsic on a personal level (Artz & Murphy, 2000). It seems rather remarkable that the strategy of the hegemonic system has been so successful to make inequities seem so "normal." Any challenges to hegemony are tamed or neutered if the challenges are

gradual (Artz & Murphy, 2000). With this in mind, there needs to be a counter hegemonic social movement which will not be satisfied with marginalizing fundamental challenges (Artz & Murphy, 2000). Yet, with so many women immersed in its quagmire, it seems difficult to imagine this movement emerging any time soon. On the positive side, if too many challenge a practice, then hegemony dissipates. An example is when the majority of Americans rejected the U.S. involvement in Vietnam (Artz & Murphy, 2000). Gender inequalities in the United States are avoided by focusing on the relative advantages that middle class white women have when compared with those women in nonindustrial countries (Artz & Murphy, 2000).

Like other cultural practices, language is hegemonically multi dimensional. . . . Language is an instrument in hegemony, a product of hegemony, and a battlefield where hegemony is negotiated. To build ideologies that permit and reinforce a given hegemony, a common language is needed. Words, symbols, and practices must carry shared meanings. (Artz & Murphy, 2000, p. 32)

Ultimately, the meaning of language depends on the social power of those in charge. The assumptions assigned to meaning will not be changed by relabeling; they can only be changed by changing the relations that construct the labels. The meaning of language is not primarily linguistic but cultural, political, and social (Artz & Murphy, 2000). Therefore, language itself is a cultural and political issue.

### **Relational Power**

I view power differentials as a reflection of the gendered hierarchy that permeates our society. In assessing such differentials, I have adopted Komter's (1994) definition of power as the expression of one's will by prohibiting or preventing the expression of another person's will. How power relations have been characterized center around social power theory. There are common characteristics of the powerful and the less powerful. One way of thinking about power can be traced back to the 17th century philosopher

Bobbes (Komter, 1994). He laid the basis for the idea that power is expressing one's will by prohibiting or preventing the expression of another person's will. Komter adopts this definition as well. Power is a quantity so that more power for one person means less for another. Beginning in the 1960s, attention was focused to the less directly observable ideological and structural underpinnings of power.

Komter (1994) noted the three dimensions of power distinguished by researchers. First, observable power, with conflicts over issues (also called relevant power) or who prevails in decision-making. The second is power that prevents grievances from appearing in the open or prevents decisions from being implemented. The third is power that prevents people from having grievances at all by shaping their perceptions, cognitions, and preferences in such a way that they accept their role in the status quo. A standard conceptual definition of family power is needed; however, many diverse fields, including marriage and family therapy, are converging on the definition of power as the capacity to produce intended effects (Gray-Little & Burks, 1983).

Komter (1994) focuses on internal and external power mechanisms. He explains that there is a relationship between the way rights and duties of different social groups are defined and maintained on the one hand, and power on the other. The rights of the more powerful groups in our society are more precisely and specifically defined and maintained more effectively. In contrast, the rights of the less powerful tend to be defined more vaguely and are often maintained in a more negligent way. The reverse applies to duties so that duties of the more powerful are diffuse, and those of the less powerful are specific and detailed. Komter's (1989) earlier research on marital power reported that women and men had different conceptions and experiences of their rights and duties in several domains of marriage. These domains include childcare, sexuality, and leisure. In



all of these domains men appeared to have a more specific experience of rights and a more diffuse experience of duties, whereas the reverse was held for women, having diffuse rights and specific duties. These gendered differences of rights and duties proved to be clearly related to power inequality in marriage, in terms of unequal effectiveness in attempts to realize or prevent desired changes in different marital domains. This seems to be typical for the predicament of the less powerful in our society. Those with less power are more likely to be accustomed to their situation with little opposition to the powerful (Komter, 1994).

An important determinant of role specialization is found in the asymmetry of the individual's status or power (Peplau, 1983). Gendered role specialization emphasizes imbalances of power between partners. Peplau discussed the patterns of nonverbal behavior and communication that offer a power explanation. Power equality in a relationship leads to reciprocity in behavior, so that in relationships among power equals, there is likely to be mutual touching, reciprocal self-disclosure, equal sharing of physical space, and similarity of conversational attentiveness. Among power unequals, the more powerful person initiates more touching, receives more self-disclosure, occupies more territory, and interrupts and talks more in conversation. The pattern of interaction is structured by dominance in the relationship. Observations by clinicians, mine and others (for example, Peplau), reveal that many of the sex differences in heterosexual relationships are similarly caused by men's greater power claim.

Peplau (1983) noted that the social environment also influences gender-based role specialization. The formal forces of law and religion, both socioculturally created, have long promoted gender specialization. Both law and religion have emphasized the husband's role as head of the family and the wife's role as homemaker and mother. In

addition, the attitudes of friends and family as well as the more general cultural attitudes about marital roles also influence the degree of role specialization in marriage. Peplau observed that one of the negative consequences of women being in a less powerful position in a marriage is that the power disadvantage can force them to stay in unsatisfying [and perhaps unsafe] relationships.

### **Men in Relationships**

It is important to remember that men are part of the hegemonic structure in our society too. Although they are the ones who reap the most privileges gained from this societal structure, there are some negative consequences to them as well (though much less than the overwhelming oppression to women). The feminist literature is quite sparse on this topic though more has been written about the negative consequences of male gender socialization (e.g., Dienhart & Avis, 1994).

Dienhart and Avis (1994) conducted a clinical study with marriage and family therapists in an attempt to begin to formulate gender sensitive approaches to working with men. They suggest that more work needs to be done to discover interventions encouraging affective expression in men. They conclude that there is growing awareness in the field of marriage and family therapy that gender socialization constrains men as well as women. The traditional masculine model constrains our understanding of men and their pattern in intimate interaction. The most affective therapeutic approach in this study was to “join with a man’s pain and then challenge his learned patterns of control and power” (Dienhart & Avis, 1994, p. 413). Since marriage and family therapists must take multiple lenses into the therapy room, it is suggested there be more training programs in the field to integrate material on male socialization. Part of this work translates into challenging our awareness and gender socialization that we bring with us

into the therapy room. All of this results in being more effective in working with male clients around issues of stereotypical attitudes and behaviors, mutual responsibility, power imbalances, and affective expression in intimate relationships (Dienhart & Avis, 1994).

Other authors (Gordon & Meth, 1990; Pleck, 1981; Silverberg, 1986) assert that the rigid traditional gender roles for men interfere with fulfilling the basic needs of intimacy and in effect deny them the opportunity to develop their emotional selves. Messages to men about self-disclosure, emotional expression, and vulnerability have to change so that they can get their intimacy needs met (Gordon & Meth, 1990). Males lose out on the benefits of an intimate attachment when they internalize the gender role for men. They are described as being in a double bind. On one hand they feel the emptiness for their lack of connection with an intimate partner, and on the other they want to maintain a strong identification as a male. The identification as a male in our culture translates into avoiding behaviors that would feel vulnerable including identifying and speaking about feelings other than anger. Yet, to speak about relationships and be in connection is required in intimate relationships. Men have been taught through the socialization process to devalue women and demean their femininity, and also fear their own feminine aspects. “Many men might find they are unhappy but cannot understand or articulate what is happening to create this unhappiness” (Gordon & Meth, 1990, p. 73). The physical or sexual dimensions of a relationship are considered acceptable ways for men to express their feelings (Gordon & Meth, 1990). However, this issue alone creates problems in relationships as well and often shows up in the marriage and family counseling practice.

There is some realization that the benefits for men living in a hegemonic system in which they profited the most also came at a price (Artz & Murphy, 2000). Men were physically and emotionally separated from their families. They were often stuck in dull and unfulfilling jobs. “Broadway lore has it that when *Death of a Salesman* debuted, men sat in the audience stunned or weeping, unable to leave after the final curtain fell” (Artz & Murphy, 2000, p. 168). Working class men and industrial workers, like coal miners and steelworkers, felt trapped by dangerous and underpaid work to which they could see no alternatives (Artz & Murphy, 2000). Men have a lower life expectancy than women and this can be attributed to the stress of being the primary breadwinner (Pleck, 1981).

The male gender role is hazardous to men’s health in other ways as well. Pleck (1981) listed nine such ways:

- 1) Aggressiveness and competitiveness can cause men to put themselves in dangerous situations;
- 2) Emotional inexpressiveness can cause psychosomatic and other health problems;
- 3) Men often take greater risks;
- 4) Men’s jobs can expose them to physical danger;
- 5) Men’s jobs can expose them to psychological stress;
- 6) They are socialized to have personality characteristics that are not healthy, i.e. the “type A” personality traits;
- 7) Responsibilities as family breadwinners expose men to psychological stress;
- 8) The male role encourages certain specific behaviors that endanger health, specifically tobacco smoking and alcohol consumption;
- 9) The male role psychologically discourages men from taking adequate medical care of their selves. (p. 150)

Of course, this list was written almost 23 years ago so that many of these dangers are now experienced by women as they make further roads into the work force.

There does not appear to be any wiggle room when it comes to little boys growing up under the power of the culturally driven socialization process. Under the current rules of gender socialization, little girls can be tomboys, be athletic, and be adventurous; but little boys cannot play with dolls, make pretend meals in play, or take ballet. “Boys’ choirs are maintained not just for their distinctive sound but because a

separate identity must be maintained to get most boys to join. Boys are rarely depicted on teams or in groups of girls” (Artz & Murphy, 2000, p. 201). A tomboy is cute; a sissy is to be abhorred. To aspire to be masculine is normal; to aspire to be feminine is okay only if you are female (Artz & Murphy, 2000).

Shem and Surrey (1998), associated with the Stone Center and the Relational Model studies, maintain that boys/men are in a relational paradox. A boy experiences joy and love from growing in connection for several years, and then contrastingly the culture demands that this yearning for connection be stifled for him to grow up to be a man. “The boy has powerful relational experiences of shame, humiliation, abuse, and violation when he acts on these yearnings” (Shem & Surrey, 1998, p. 46). As the boy grows he is encouraged to disconnect from the expression of his yearning and is encouraged to sacrifice relationship for the idea of self. This is how boys begin to develop ways of maintaining disconnection (Shem & Surrey, 1998).

Seeds of misery are planted in disconnection from others, in isolation, violation, and dominance, and in relationships which are not mutually empowering. To participate in relationships which are not mutual is a source of sadness and rage, which, even in the dominant gender, can lead over a period of time to withdrawal, stagnation, and depression, and characteristically, insecurity, aggression, and violence. (Bergman, 1991, p. 4)

Bergman (1991) adds that it is time to work toward a new psychology of men. He contends that even theories, written mostly by men in the past, fail to describe so much of men’s authentic experience. The traditional theories of maleness are about self out of relation, not self in relation (Bergman, 1991). Bergman explains that at about the age of three, mothers and sons begin to relate to each other in different ways and that there is a shift in the relational context. These feelings of disconnection have profound implications for the rest of male relational development and translate into dominant male

power, which is carried into the institutions of family and society (Bergman, 1991). This disconnection from the relationship with mother is a primary violation in many men's lives and for the mother, as well. Bergman further explains that this disconnection occurs because our culture forces it to occur. Learning disconnection is learning not to listen to self or others' feelings (Bergman, 1991). Living in a patriarchal system means that there is always someone more successful and more powerful, and men are haunted by failure. In this way men are afraid; "the biggest winners are potentially the biggest losers" (Bergman, 1991, p. 7).

### **Politics of Sexuality**

The issues of gender and sexuality could be written about to consume multiple dissertation studies. It is beyond the scope of this dissertation to address the issue of sexuality in full. The focus for this review will be to highlight the relationship of power and sexuality; or stated otherwise, the relationship of politics and sexuality. Clearly, the rules about sexuality have been different for women and men in the past and continue to be so today.

Although sexual behavior occurs between individuals, it is taught and interpreted in the context of cultural institutions (Unger & Crawford, 1992). Sexual desire is a social construct as is gender itself (Unger & Crawford). Women's sexuality is shaped by a social order where issues of status, dominance, and power prevail in a political way upon that which is personal. The psychology of women's sexuality is both a combination of biological potentials and the influences of society's sexual scripts (Unger & Crawford). Women's primary arena of sexual power is to refuse or acquiesce to sexual intimacy. People are still very much aware of the traditional script in which males have the power to decide about sex. For example, male college students perceived women who asked for

a date as more flexible and agreeable, more of a casual dater, and more sexually active than women who did not ask for a date (Unger & Crawford, 1992).

Power differentials assigned by gender continue to affect dating relationships. Equality is more likely between partners if they are equally involved. If one partner is more dependent on the relationship for self-esteem and the other is only casually interested, the balance of power tips toward the least involved partner. The partner who is more dependent, committed, or involved that the other tends to have less power than the less involved person (Unger & Crawford, 1992). This factor appears to be especially important for women in that the less they love relative to their partners, the more power they perceive themselves as having (Unger & Crawford).

Our culture enforces a sexual double standard whereby women's own sexual desire and pleasure are relatively invisible. The discussion of gender and sexuality would not be complete without mentioning how major religions have created and driven problems for women's sexuality. "Feminine identity is seen by religions as formed by childbearing, but female sexuality is seen as polluting" (Unger & Crawford, 1992, p. 105). The images of virgin goddesses that are present in so many religions permit cultures to maintain their negative views of female sexuality and power (Unger & Crawford). Religions continue to embrace rules that oppress women and control their bodies and reinforce a double standard for men. The force of hegemony is fully operationalized within the institution of religion to the point that the majority of women do not recognize their sexual/sensual oppression through the indoctrination of religion.

There are many different reasons why people have outside sexual relationships. Affairs are rarely about sex. In many cultures and across time, a wife's infidelity has been much more harshly punished than a husband's infidelity (Schwartz & Rutter, 2000).

Seven major reasons of infidelity are listed by Schwartz & Rutter. These are emotional incompatibilities, boredom, sexual incompatibility, anger and punishing the partner for emotional slights, flattery, a way out, and love. For some, having an affair makes having sex outside the relationship seem like a good way to get even, especially when a direct approach is seen as being impossible or ineffective. Partners who feel like they don't have the power to change things in their relationship may have a secret affair but do so with retaliatory satisfaction. Because women have less power in relationships than men, women are more likely to have affairs because of anger and punishment than men are. Another reason for affairs is flattery; the attention of a worthy suitor may be especially tempting for someone whose self-esteem is low. Additionally, an affair may provide a way out. Engineering a situation that will make the spouse angry is an indirect way to back out of a marriage, and it may feel easier to be discovered. The final reason for affairs is because it is based on love. "One might guess that love would most often be the basis for an affair for women, for whom love is so important; paradoxically, some research suggests that love might be a more important motive for men's affairs" (Schwartz & Rutter, p. 156). The social rule for women is that they are expected to have sex only when they are in love. "Women are often less economically and socially independent than men and cannot disregard the financial and social upheaval such a love affair represents. They might fall in love but decide they cannot leave" (Schwartz & Rutter, p. 154). Women are less likely to have affairs and more likely to suffer economically if a marriage breaks up.

### **Feminist Critique of the Marriage and Family Therapy Field**

Research from many disciplines illuminates the adverse results of adherence to traditional gender expectations and hierarchical relationships for women and men



(Szinovacz, 1987) and reveals the positive results of egalitarian relationships (e.g., Rabin, 1996; Risman, 1998; Szinovacz, 1987). Yet the dynamics of gender and power are not reflected in the theories, practice or training in the field of family therapy.

### **Blind Family Systems Therapy**

Goldner (1985) wrote a ground-breaking article titled, *Feminism and Family Therapy*, in which she criticized the marriage and family therapy field for being blind to the issues of gender in therapy. She argued that family therapy had been handicapped by its insulation from the feminist critique. She further stipulated that systems theory is inadequate to explain the family's different roles that carry different levels of power, which are not interchangeable. Most importantly, Goldner emphasized that the family is not protected from the patriarchal culture in which we live. She clearly defined the gender issues, which partly defines the relationship and how the rules of the relationship are developed.

Family therapy first presented itself in the 1970s as differentiated from its origins in psychoanalysis (Goldner, 1985). The feminist idea that males and females in a family have different distributions of power clearly complicated the circular assumption that family members' positions were interchangeable. Goldner noted that the systems theory assumed that in a "normal" family, parents were at the same hierarchical level and that the two-parent nuclear family was not in conflict about issues of gender privilege and power.

Family therapy depended upon an abstract systems theory stripped of connection to the larger social field (Goldner, 1985). However, a systems theory cannot be disconnected from society at large. How can the family therapy field remain silent about women's social position since it spills over into her family position? The needs of the

family are regulated by social forces operating around the family's emotional field (Goldner, 1985). "The category of gender remains essentially invisible in the conceptualizations of family therapists" (Goldner, 1985, p. 33). The family therapy discipline isolated itself both socially and intellectually, "despite documentation from sociologists, demographers, and, of course, psychoanalysts that 'his' marriage and family are quite different from 'hers'" (Goldner, 1985, p. 33). Clearly, as noted by Goldner, men and women preside over separate and unequal spheres of influence.

Goldner (1985) further states that a content analysis of publications in the beginning stages of the feminist movement highlighted a focus on the differential socialization of boys and girls, the barriers to women's equal participation in the world of work, sexual objectification, and romantic masochism. She noted that the politics of domesticity (housework, child care, the problems of long-term relationships) are underrepresented in the literature of this period. She theorized that the focus was a result of the developmental stages of the majority of the feminist writers. The beginning feminist critique was from their position as daughters and not mothers. Now that many feminists have aged, there has been more focus on the domestic aspect of family life. In 1985, Goldner predicted that this change of focus would occur. She was correct, as evidenced by the progression of feminist research as depicted in this paper.

### **Sex Role Versus Gender Theory**

"Feminist explanations of how families operate and contribute to maintaining women's subordination have shifted in the past decade from those that emphasize sex roles and socialization to those that describe processes of categorization and stratification by gender" (Ferree, 1990, p. 866). Many family scholars think of gender in terms of gender roles. However, some researchers (Thompson & Walker, 1989) have found many

problems with this approach and reported feminist criticisms of the gender role approach because it masks power, inequality, and conflict. It is important to understand the limitations of the sex role approach that was popular in the 1970s through the mid-1980s. The basic dynamic of sex role theory is socialization; the central processes in the gender model are categorization and stratification (Ferree, 1990). The term “sex role” was used as a catchall term and did not relate gendered behaviors with power. Unfortunately, mainstream family therapy continues to use this term, another indication of its refusal to incorporate the feminist critique and feminist research into its practices (Ferree, 1990).

The concept of gender theory emerged in the 1980s as the dominant feminist model (Ferree, 1990). It is a primary way of signifying relationships of power. Ferree noted that gender theory focuses upon how specific behaviors and roles are given gendered meanings, how labor is divided to express gender difference symbolically, and how diverse social structures, including families, incorporate gender values and convey gender advantages. Gender theory’s main focus is the way in which families construct gender through labor and control over income. Ferree states that the relationship between labor and gender is a substantial portion of what the family organizes. The emerging gender model of Ferree’s time (1990 decade review) examined paid work, housework, and control over income. All three of these issues emerged as central for constructing gender on a daily basis. Gender is a primary way of signifying relationships of power so that gender keeps us separate but unequal. Ferree’s review of the literature found that the construction of gender requires the suppression of natural similarities. Similarities between men and women must be suppressed and differences must be constructed and emphasized, a process that requires social power. Researchers believe that the issue of domination and control is central to gender theory (Ferree, 1990).

## **Marriage, Power, and Control**

The ability to influence another person is a significant dimension in relationships, including marriage. Balswick and Balswick (1995) suggest that we often overlook the power dimension in marriage because it tends to be exerted through authority and persuasion rather than through rules. Western marriages are also romanticized, which leads to a camouflage of the use of power within them. There has been increased attention to the fact that misuse of power is a primary source of inequality in marriages (Balswick & Balswick).

It is important to give consideration to different forms of control. How much does one person shape and modify their partners' identity and self-concept and decision-making? A partner may engage in active and conscious attempts to shape the other's self-image and to impose their own subjective realities on their partner. They serve as a substitute for orders or direct control attempts (Thompson & Walker, 1989).

Thompson and Walker (1989) state that many of the qualities that women display in marital conversation and conflict are connected to their subordinate position. Subordinators must be more sensitive and responsive to those in power. Fishman (1978) reported that the speech patterns of women in everyday conversation are more tentative than those of their partners and reflect speech of subordinates. Women expect noncompliance during conflict and resort to moral persuasion, emotional appeals, and coercion. Researchers (Fishman, 1978; Thompson & Walker, 1989; West & Zimmerman, 1979) found that partners in the stronger position, more typically husbands, tend to interrupt more successfully and use more bullying and autocracy.

Mothers made two-thirds of the compromises in conflict situations during family dinners at home while daughters made about half of the submissions (Thompson &

Walker, 1989). The researchers found that husbands take credit for positive behaviors and resist requests that they change negative behaviors because “it’s just the way I am” (Thompson & Walker). Clearly, this perspective reflects a position of male privilege and affords them the greatest sense of control.

During the 1960s family power relations was identified as an important element of family interactions. The initial efforts to empirically investigate family power relations led to a methodological, conceptual, and theoretical debate that continued into the 1970s and is still not entirely resolved (Szinovacz, 1987).

The traditional patriarchal model is based on the assumption that power in a marriage is ascribed to the husband because he occupies this position (Balswick & Balswick, 1995). This cultural justification is usually anchored in the sacred authority of religious beliefs and rituals. The authors declared that men almost always control more resources, have greater prestige, and are dominant in their marital relationships. They found that the social influences come from well-established religious, educational, economic, and political structures and are used to justify suppression and control of women. The authors speculated that marital empowerment will only be possible when a societal ideological structure allows both men and women equal access to all valued resources of power.

### **Power and Physical Violence**

“Women’s subordination is nowhere more evident than in marital violence. The more lopsided the dependence between partners, the more the ‘weaker’ partner must rely on the morality and sentiment of the ‘stronger’ partner to avoid the abuse of power” (Thompson & Walker, 1989, p. 849). Family violence was not systematically studied until the 1970s (Fox & Murry, 2000). The authors found that the most promising research

regarding wife-battering considers how the broader social context of inequality is connected to the private subordination and abuse of women in marriage. It was found that egalitarian marriages have the lowest rates of marital violence, that violence is high in couples when wives are dominant, and even higher when husbands are dominant. Obviously, wives who are economically dependent on their partners are more vulnerable to wife-battering. The dynamics of male dominance through violence is that husbands' violence is a deliberate attempt to control their wives. In addition, violent husbands tend to view their marriages as mutually violent by treating verbal and physical fighting as the same, discounting the difference in injury potential and trivializing their wives' injuries (Fox & Murry, 2000). Many abused women are faced with the unstable, nearly impossible task of being as independent as possible without threatening the status of their husbands (Thompson & Walker, 1989).

Wife beating is the most common form of family violence around the world and occurs at least occasionally in 85% of societies (Artz & Murphy, 2000). Wife beating has been sanctioned around the world for three main reasons. They are because of (a) adultery or suspicions of adultery, (b) belief by the husband that his wife was not treating him with respect or was not performing her duties properly, and (c) in some societies a husband has a right to beat his wife for no reason at all (Artz & Murphy, 2000).

Feminist researchers of family power state that it is not enough to have a proclamation in increased egalitarianism on the basis of joint decision making in minor areas, while ignoring major inequalities in the division of labor between the sexes or repeated accounts of the use of violence against wives who dare to question their husbands' authority. (Szinovacz, 1987, p. 692)

Little research has been done so that if the traditional resource distribution breaks down, men can and do rely on physical force as the ultimate resource. Therefore, physical

strength must be considered an important power basis when doing research on family power (Szinovacz, 1987). Recent research on the use of physical force against women also supports the notion that dependence of women on the relationship contributes to their abuse and prevents them from leaving abusive relationships (Szinovacz). I would take this one step further to indicate that the dependence of women on the relationship, usually financial, prevents women from leaving unacceptable, unequal “normal” relationships as well.

### **Lopsided Marital Responsibilities**

Thompson and Walker (1989) conducted a review of the research on gender and revealed that family life continued to be organized and specialized by gender across the domains of marriage, work, and parenthood.

Everyday the ultimate responsibility for marriage, housework, and parenthood usually remains with women; and responsibility for breadwinning usually remains with men. Most women “help” men with provision and many men “help” women with family work and parenting, although partners collude to sustain the belief that men are primary providers but parenting is shared. (Thompson & Walker, 1989, p. 864)

Women are increasingly concerned by this lopsided arrangement, but for the most part, women and men do not consider family life unfair. There appears to be collaboration between men and women to maintain some form of traditional gender specialization (Thompson & Walker, 1989).

Marriage provides an environment whereby power differentials and issues can be played out within intimate relationships. Most aspects of marriage provide a stage where sources of power can be acted out. Bernard (1972) said that there are two marriages in every marriage, and the experiences and implications of marriage differ for the wife and the husband. Women perceive less emotional support in marriage than men (Thompson

& Walker, 1989). Goldner (1985) concluded that women benefit less from the marital state than do men and suffer twice as much depression. Feminist therapy might focus on facilitating a fair division of labor and the placement of equal value on each partner's life goals and work, as well as on encouraging couples to share decision-making, access to finances, and the responsibility for the well-being of the relationship (Knudson-Martin & Mahoney, 1996).

### **Housework and Waged Work**

It is important to recognize the gendered nature of the occupational system. Women who enter conventional male-defined careers "need a wife" because the expectations built into the structure of work take for granted the availability of a full-time family support system (Ferree, 1990). It is assumed that childcare and housework will be managed by the wife. Housework is what makes the waged work possible. Housework is invisible and unpaid labor, and it is gendered labor. In Ferree's (1990) review, she addresses the issue of waged work and housework. At that time, nearly half of all couples (43%) thought that income earning should be solely the husband's responsibility. Many men construct their ideal of masculinity on being the provider of the family and sharing this role can be threatening (Ferree, 1990).

Women shape their paid work participation in response to family needs. They pay attention to the number of hours they work and what time of the day they work. Many women attempt to integrate paid work with family responsibilities and work part-time. However, part-time work is often exploitive, fosters women's economic dependence on husbands, and undermines personal achievement and advancement. Researchers (Thompson & Walker, 1989) have found that job opportunities continue to be segregated by sex with women getting the jobs with less pay, less responsibility, and less opportunity for advancement.



Ferree (1990) states that housework is the cultural opposite of wage work.

Housework is associated with a reduction in a woman's claim on family resources. Even if women hire help, they are simply redistributing tasks for which their husbands continue to hold them personally accountable. Often this expense is deducted from "her" allowance or designated "her" bill. In addition, it has been documented in the research (Ferree, 1990) that the more housework children do, the fewer fathers contribute. Daughters are still more likely to be given housework than sons and are more likely to do more hours of housework. Women do from 70% to 80% of the total housework hours and the majority of the most frequently repeated and time-consuming chores. The research findings documenting the lack of equity in the marital relationship related to housework are consistently confirmed by the clients that present for marriage counseling in my professional practice.

Couples do not allocate family work based on time availability (Thompson & Walker, 1989). "Most researchers have found no connection between wives' paid work time and husbands' family work time" (Thompson & Walker, 1989, p. 856). Housework is burdensome, and the authors assumed that it takes power to get out of it. The more power wives have in a marriage, the more housework their husbands do. High-income and white husbands are the least likely to do housework when their wives are employed. Among wives, there is a clear and positive connection between fair division of family work and marital and personal well-being (Thompson & Walker, 1989).

The type of family work that most women do is the unrelenting, repetitive, and routine cleaning, cooking, shopping, child care, laundry, and straightening up (Berk, 1985). The family work that most men engage in is infrequent, irregular, and nonroutine, such as household repairs, taking out the trash, mowing the lawn, yard work, and

gardening. Men will do childcare while their wives are doing after-dinner chores; but when their wives are done, then most husbands quit for the evening and return to their leisure time. Men do most of their family work on weekends, while women do family work on weekends and workdays. In addition, wives are more likely to change their schedules to accommodate their husbands rather than the reverse (Thompson & Walker, 1989).

Thompson and Walker (1989) report that there are many strategies that partners, usually husbands, use to avoid housework. Some of these include choosing to do less frequently done tasks like mowing the lawn, “out-waiting” the partner before taking on the task, and asking many questions each time a task is to be performed, or bolting outside to do more masculine chores when house work needs to be done. Doing a task poorly is also employed to avoid being asked to perform it again. Nearly half of the wives report that they felt the need to supervise their husbands, which is another responsibility for women (Thompson & Walker, 1989).

“The rise in married women’s paid employment has not led to dramatic changes in their husbands’ domestic labor” (Pleck, 1985, as cited in Ferree, 1990, p. 876).

Couples do not allocate family work based on time availability (Thompson & Walker, 1989).

It appears that both husbands and wives collaborate in creating and sustaining economically irrational, gendered expectations for housework. Despite the fact that wives do most of the housework, even if they are employed full-time, only a minority (36%) express a desire to have their husbands do more or themselves do less (21%). (Ferree, 1990, p. 876)

This has been described “as the result of the ‘hidden power’ of gender ideology to suppress conflict by creating resignation, fear of disturbing the relationship, and denial of one’s own feelings” (Komter, 1989, as cited in Ferree, 1990, p. 876). Examples include

the explanation that housework is “natural” to being a wife, reasons that he’s not suited for it, or that she “enjoys” it. The quality of housework can also be a symbolic reaffirmation of women as being good wives and mothers (Ferree, 1990).

“Even though most women do paid work and contribute 30% of family income, the responsibility and recognition for family provision falls to men and both women and men are ambivalent about women as providers” (Szinovacz, 1984, as cited in Thompson & Walker, 1989, p. 850). “One way couples try to maintain the image of wives as a secondary provider is to use husbands’ salary for essentials and wives’ salary for ‘extras’ (Thompson & Walker, 1989, p. 853).” Wives’ paid work is typically viewed by husbands as something wives do for their own benefit, not something they do for their families. Ferree (1984) added “as long as a woman’s paid labor is construed as a privilege for her rather than as a necessity for her family, her husband will not do more family work” (as cited in Thompson & Walker, 1989, p. 857).

### **Parenting the Children**

Goldner (1985) concluded that parenthood extracted a greater toll on the wife than on the husband in terms of marital satisfaction. She theorized that gender differentiation and specialization accompanies parenting. Wives tend to be more accommodating during disagreements after children arrive (Thompson & Walker, 1989). I believe this is another self-sacrifice that women make in order to provide a more harmonious environment for their children. The accumulation of these sacrifices causes further imbalance in the institution of marriage and leads many women into depression. Partners seem to collaborate to sustain the belief that fathers are involved with their children and share childcare when mothers actually are doing the daily parenting (Thompson & Walker, 1989).

“Mothers, regardless of whether they are employed, carry 90% of the responsibility for childcare” (Thompson & Walker, 1989, p. 861). Most of the time spent with children by men is leisure/play time. Mothers do more of the practical activities such as feeding, bathing, and dressing. Studies have indicated that more of a mother’s than a father’s income goes toward obtaining food for their children. As a mother’s income increases, the level of the child’s nutrition rose correspondingly (Balswick & Balswick, 1995).

Barbara Risman (1998) conducted research to investigate whether society could trust men to do well at the vital work of nurturing the children full time. It took her several years to locate 55 fathers who were stay at home “mothers.” Her results suggest that men are capable “mothers” but that currently most men do mothering work only when they do not have wives to do it for them (Risman, 1998).

### **Money and Power**

The control of money is another important factor to assess a family system when using gender theory. It used to be assumed that “family” money was equally distributed to all family members. Research to date does not support this assumption. Money is a significant source of family power. Gender theory suggests that the actual control over money and how it is used are important dimensions of power in the family (Ferree, 1990). Even within the same household family members do not necessarily share the same standard of living. Ferree’s review found that research in developing nations documented how an increase in a woman’s income does more to improve the nutrition of her children than a similar increase in the income of male family members. Males are more likely to spend the money on themselves. Large-scale economic surveys in the United States continue to treat households as economic black boxes, forcing investigators

to make unrealistic assumptions about equal distribution of family wealth. Social policy continues to be driven by questionable assumptions that all family members are equally well off (Ferree, 1990).

An awareness of gender inequality means that a discussion of money is always clinically relevant. Money buys options and is a crucial instrument of power. “An analysis of women’s and men’s economics shows men earn 90% of the world income, own 99% of the world property, while doing only one-third of the world’s work” (UN Report of 1980, as cited in Troemel-Ploetz, 1991, p. 501). Betty Carter (1992), a family therapist, describes how she routinely asks both husband and wife how much money they each earn or have access to and what impact any disparity has on their decision-making process. I find that the emotional relationship cannot be truly negotiated until significant power differentials like money are leveled. Sometimes a transfer of assets is needed until the wife is financially secure enough to negotiate emotional issues as an equal. Carter believes that it is impossible for two unequal partners to negotiate anything that could not be rescinded at the whim of the more powerful one. Money issues, even if covert, further challenge the therapist’s ability to assist the couple to deal with the power balance of the relationship.

The research also finds that wives are most likely to have financial control at the lowest absolute income levels, where money management means forestalling creditors; when the income is high enough to allow a surplus, husbands typically control it (Ferree, 1990). Many wives may control the check book to pay the bills but the husband has the power over investments and the “real” money. Women’s money often goes for childcare and is labeled pin money for the household budget (Ferree, 1990). He often discounts her financial contribution and easily forgets how she is/was the one who most likely

sacrificed her job/career to be the primary caretaker of their child/ren. Also forgotten in the equation is her 75 cents to his dollar ratio for similar work.

### **Marital Myths of Equality**

The literature on marital equality documents the incongruence between the idea and the practice of equality within marriage (Blaisure & Allen, 1995). In spite the widespread goal of equality, numerous studies of married couples suggest that few couples actually achieve it (Knudson-Martin & Mahoney, 1998). Many couples are largely unaware of the social context of their marital interaction. The ideal of gender equality is widely regarded but this model is popular in theory only, because it is not supported by current social and economic structures (Knudson-Martin & Mahoney, 1996).

Most couples developed a “myth of equality,” an agreement of false mutuality and equality whereby a couple unconsciously colludes in defining their relationship as equal. A movement toward equality requires the direct challenging by both partners of the attitudes and institutions that hold these power differentials in place as well as be aware of any false collusion. This means looking critically at what seems natural and customary in marriage. Evidence that indicates that both husbands and wives express more marital satisfaction when husbands are involved in housework and childcare is at least suggestive that equality may increase marital stability (Knudson-Martin & Mahoney, 1998).

Women often perceive that they choose the roles they play and, therefore, the system of gender stratification is substantially bolstered because of its apparent legitimacy. Most women do not feel that their domestic and child-rearing responsibilities result from male power and influence. They believe them to be natural or desired labors

(Balswick & Balswick, 1995). This is another example of a hegemonic relationship. Hedrick (2002) noted that everyone participates in hegemony. We reproduce hegemony through television and the media and all our other institutions. Hegemony feels like “common sense”; it is an unspoken worldview of power. It naturalizes structures of power. Hegemony is a tool that has explanatory power and elucidates why things are the way they are (Hedrick, 2002). Hegemonic inscriptions help women to participate in the marital myths of equality.

### **Sociolinguistic Focus on Power**

Analysis of the interpersonal relationship of a couple utilizing language as a methodology has not been a highlight of research in the discipline of marriage and family. The relative absence of such studies has resulted in the marriage and family therapy field ignoring this crucial aspect of relational inequality and conflict. As a result, issues of gender and power differentials have not been adequately incorporated in the couple’s therapy room.

More recently, discourse analysis and conversational analysis have been blurred (Gale, 1996; Gee, 1999). Historically, the main difference was that conversational analysis was the study of micro features of talk and centered on many examples of a particular speech phenomenon such as turn taking, while discourse analysis was the study of longer narratives (Gale, 1996). It appears that the literature reflects less distinction between these data analysis methods (Gale).

### **Language: Difference or Dominance**

Troemel-Ploetz (1991) wrote a review essay on Tannen’s (1991) book, *You Just Don’t Understand*. The author harshly criticizes Tannen’s neutral stance as it relates to the language differences between men and women. She accuses her of selling out and

shielding the readers from linguistic knowledge as well as cementing patriarchy. The book examples of Tannen's dialogues repeatedly demonstrate that men are dominant and women submit. Therefore, the social hierarchy between women and men is reproduced. Tannen fails to acknowledge a political dimension to the conversations. The separate but equal argument for conversational styles of women and men that Tannen claims is invalid and perpetuates social injustice and, I believe, the hegemonic structure.

Girls and boys, women and men live together in linguistic worlds. They understand each other quite well. We produce equality or inequality, symmetry or asymmetry in every conversation. They know who is allowed to use dominant speech acts, like commands, orders, explanations, contradiction, doubts, advice, criticism, evaluation, definitions, punishment, attacks, challenges, accusations, reproaches; and who has to apologize, defend, ask for favors, beg, request permission, justify herself, agree, support, adjust, accommodate, and accept someone else's definition of the situation. (Troemel-Ploetz, 1991, p. 489)

Therefore, there are two conversational cultures with two different styles that are not equal. Men, who have the dominant style, have more rights and privileges. They exhibit their privileges and produce them in every conversational situation.

Men are used to dominating women; they do it especially in conversation; they set the tone as soon as they enter a conversation, they declare themselves expert for almost any topic, they expect and get attention and support from their female conversational partners, they expect and get space to present their topics and above all, themselves. Their conversational success is being produced by the participant in that conversation. Women are trained to please; they have to please also in conversations, i.e., they will let men dominate and they will do everything not to threaten men: not set the tone, not insist on their own topics or opinions, package opposing views pleasantly, not refuse support, not take more space than men, i.e. let men win conversationally and renounce their own conversational success and satisfaction in the process. (Troemel-Ploetz, 1991, p. 491)

We are responsible for how we speak so that speakers can choose to not reproduce the inequalities between men and women. Speakers could undo the social inequality, at least at a particular speaking moment, by producing fairer language and more symmetric conversations. However, men generally do not want to consider giving



up this privilege as indicated in the linguistic research. “If you leave out power, you do not understand any talk” (Troemel-Ploetz, 1991, p. 497).

### **Language and Power**

Researchers (West & Zimmerman, 1979) have found that language is influenced by social circumstances. Language teaches a sense of power in relationships and reflects the continuing power differential between men and women. Power differentials are maintained and reinforced through their continual re-creation in a discourse that makes them appear “natural” so that they are perpetuated rather than questioned or challenged (Knudson-Martin & Mahoney, 1998). Language reinforces and actualizes hegemony.

According to Coates (1993), that the language difference between males and females is explained either by a dominance theory or by a differentiation based on gender often leads to confusion. Differentiation of language based on gender highlights differences but does not associate those differences with power. Contrastingly, dominance theory of language directly links power to language differences. However, whatever the theory chosen, there are social consequences of linguistic differences between the sexes. Some researchers who apply the theory of difference assume equality exists rather than noticing there are indeed differences and that these differences assign inequality to women (Coates, 1993).

Coates (1993) has found that there is enough evidence of remarkable differences of interaction patterns between all female groups and all male groups. It seems logical that these differences lead to miscommunication. Some authors, such as Tannen (1991), have even referred to the differences as cross-cultural. These differences are sometimes termed “men’s style” and “women’s style.” However, this terminology is disputed because the linguistic features found in the speech of many women are typical of people

of low status in society and reflects degrees of power (Coates, 1993). Coates found that the end result of all the differences is that male speakers dominate talk. Power relations are reproduced through talk. It is clear that a relationship exists between gender differentiated conversational styles and existing power structures (Coates, 1993). Exploration of that relationship remains in its infancy.

### **Female and Male Language**

Researchers have uncovered “consistent sex differences in the use of language and nonverbal behavior” (Deaux, 1976; Henley, 1977: as cited in Peplau, 1983). Men have been found to do more verbal interrupting, claim greater personal space, initiate more touching, and are poorer at decoding nonverbal communication. Peplau (1983) states that few studies have explicitly investigated close relationships regarding these variables; noting two exceptions, studies by Fishman (1978) and Noller (1980). Fishman analyzed spontaneous conversations in heterosexual couples and noted several differences. Women appear to be more supportive of male speakers than vice versa. Women asked three times as many questions as men and were more skilled at using expressions to indicate interest and attention. Likewise, Noller found that wives were better at decoding nonverbal messages than were husbands (Peplau, 1983).

Women’s conversational style is based on solidarity, while men’s conversational style is based on power, the difference arising directly from the rules of a patriarchal society (Coates, 1993). Coates has found that in all-female groups, women adopt paralinguistic strategies that signal involvement. They lean forward, they turn their heads toward each other, and they look directly at each other. Women often discuss one topic for half an hour or more; they self-disclose and talk about their feelings and relationships. Women use more linguistic forms associated with politeness. In contrast, men jump from

topic to topic, “vying to tell anecdotes which center around themes of superiority and aggression” (Coates, 1993, p. 187). The author reported that men rarely talk about themselves, but compete to prove themselves better informed about current affairs, travel, and sports. Men talk more, swear more, and use imperative forms to get things done (Coates, 1993).

The management of conversation also differs significantly between the groups (Coates, 1993). Women are careful to respect each other’s turns and tend to apologize for talking too much. They demonstrate concern that everyone should participate and dislike any one person dominating conversation. Men in all-male groups, however, compete for dominance and over time establish a reasonably stable hierarchy, with some men dominating conversation and others talking very little. Individual men frequently address the whole group (33% of the time), while individual women rarely do (6.5% of the time), preferring instead an interpersonal style involving one-to-one interaction. Coates went on to report that turn-taking patterns in all-male conversation are structured by two main rules: that one speaker speaks at a time and that speaker change recurs. In all-female conversation, the turn-taking rules are more complex. More than one speaker may speak at a time, and speakers work collaboratively to produce talk (Coates, 1993).

Women and men develop different rules for engaging in, and interpreting, friendly conversation. These rules are learned in same-sex peer groups during childhood and adolescence and the differences have been well documented by researchers (Coates, 1993). Women use frequent and well-placed minimal responses in conversation. Men use these responses less frequently than women. These responses appear to mean something different to men like “I agree with you” rather than “I am listening.” Questions also seem to have a different meaning for women and men. Women use more questions than men

and use them as part of a general strategy for facilitating the flow of conversation. Using questions is a way of ensuring that conversation continues. Men interpret questions as requests for information. They often respond by giving information at length. Further, Coates noted, men do not feel they have to make a link with the previous speaker's contribution. They are more likely to ignore what has been said before and concentrate on making their own point. Women usually acknowledge the contribution of the previous speaker and will either continue speaking about the current topic or talk about a topic directly connected. Shifts between topics tend to be abrupt in all-male conversations. Women typically build on each other's contributions to the conversation so that topics are developed progressively in conversation. Topic shifting is gradual for women so that elaboration and continuity are key notions in the analysis of women's talk (Coates, 1993).

Coates (1993) noted that all-female conversations can be therapeutic in that it is often seen as an opportunity to discuss problems, share experience, and offer reassurance and support to each other. It is not a normal component of conversation for men to discuss personal problems. Men may respond to another speaker's self-disclosure as if it was a request for advice and they take on the role of expert often lecturing the other speaker(s).

Researchers (Coates, 1993) have determined that verbal aggressiveness is a common feature of speech in all-male groups. It often can be loud and focus on trivial issues that are enjoyed for the sake of sparring; it appears to establish and maintain status hierarchies and may include shouting, name-calling, threats, and insults. Women avoid verbal aggressiveness, finding it unpleasant and receive this behavior as a personal attack. Women tend to express conflict indirectly rather than directly. Men seem to

construe conversation as competition where the aim is to be the speaker. This means that men will strategize to seize a turn whenever possible and then try to hold on to it. As a result, Coates postulated, listening is not highly valued by men. Women value the role of listening and use many minimal responses, do not interrupt to prevent a speaker from finishing a turn, and actively encourage others to speak and have a turn. Coates found women's linguistic actions to be more cooperative. Sheldon (1992) demonstrated, through a discourse analysis, that feminine-related conflict talk can be linguistically more complicated than masculine-related conflict talk. The researcher describes this style of conflict talk as a "double voice" discourse in which the female speaker has attention to both the needs of herself and the other person.

In mixed group interactions, women tend to speak less and initiate only about one-third of all conversation. Women put far more effort than do men into maintaining and facilitating conversation. Coates (1993) believes that the different styles of women in interaction with men put them at a disadvantage. Women often fall silent when speaking with men if they are interrupted. Her experience of all-female conversation does not provide her with any strategies to resist interruption so that it is a common occurrence in mixed sex conversation. "In mixed conversations, women do more of the interactive work, supporting others' topics, respecting others' turns, and facilitating conversational flow through the use of questions. The end-product of all of this is that male speakers dominate talk (Coates, 1993, p. 194)."

### **Other Discourse Analyses of Power and Gender**

Fishman (1978) completed one of the beginning sociolinguistic qualitative research studies that focused on language differences supporting dominant theory and exposing the position of oppression that women occupy. Fifty-two hours of tape-recorded

conversations between intimates in their homes were gathered. All three couples were heterosexual and had been together for 3 months, 6 months, and 2 years, respectively. All were white and professionals between the ages of 25 and 35. Two of the women described themselves as feminist and all three men and the other women described themselves as “sympathetic to the women’s movement” (Fishman, 1978, p. 91). All agreed that the material represented natural conversation and that most of the time the participants had forgotten they were being recorded. There was a total of 12.5 hours of transcribed tapes.

The research results demonstrated that strategies by women and men in conversation suggest that there is inequality in talk between the sexes (Fishman, 1978). Conversation is more problematic for women in mixed sex couples. Talk appears to be less problematic for men, who exert control over when and how it will occur. The women asked two-and-one-half times the number of questions that the men asked. By asking questions, women strengthen the possibility of a response. The beginning phrase “this is interesting” occurs throughout the tapes. The women used twice as many attention beginning phrases as did the men. The speaker who uses attention beginning phrases is not assuming that the other will pay attention (Fishman, 1978). Minimal responses were also used differently between the men and women. The male usages of the minimal responses displayed a lack of interest. The monosyllabic response merely filled a turn. The frequent use of the minimal response by women was used as “support work.” These are signs from the inserter that she is constantly attending to what is being said, demonstrating her participation and her interest in the interaction and the speaker. These minimal responses occur between the breaths of the speaker and were not used to interrupt or take over the talk (Fishman, 1978).

Statements display an assumption on the part of the speaker that their statement will be successful, that it will be understood, that the statement is of interest, and that there will be a response (Fishman, 1978). The men produced over twice as many statements as the women. The men almost always obtained a response; this was not true for the women. The men literally ignored both the long and short comments from the woman and returned the conversation, after each remark of hers, back to his (Fishman, 1978). The women were successful in only 36% of the topics they raised in the transcripts, whereas the men were 97% successful. Success was defined as continuance of the conversation. The topics introduced by the women failed because the men did not respond with the attention necessary to keep the conversation going. “In contrast, the men’s topic succeeded not because they were inherently more interesting but because the women upheld their part of the conversations (Fishman, 1978, p. 97).”

Another early study of language and power was done by West and Zimmerman (1979). Earlier conversational research focused on couples that were already acquainted; this research set out to create a similar study using participants who did not know each other. The authors noted that in their past studies on same-sex conversations there appeared to be symmetrical distributions of talk between individual speakers. Interruptions were initiated very rarely in same-sex conversations.

Five cross-sex conversations were recorded in a laboratory setting. The participants were white, first-year and second-year university students, five males and five females. They were randomly paired and were brought together in the laboratory and told to “relax and get to know one another” prior to a discussion of a preselected topic. The authors surmised that strangers would be on “good behavior” and would be less likely to interrupt each other. The authors called this “regard for the ritual order of interaction” (West & Zimmerman, 1979, p. 110).

This study reproduced similar findings of their previous research on intimate couples. Seventy-five percent of the interruptions were male-initiated. Males interrupted the females more often in each of the five conversations, ranging from 63% to 100%. The authors concluded that earlier research could not be explained away as a function of intimacy between cross-sex conversational partners. Interruptions were not a function of amount of talk time. Men talked more and their interruptions were placed at the beginning of her turn at 12 syllables. Actually, females interrupted after 25 syllables on average, suggesting that it is females who have to interrupt to get a turn. The authors concluded that interruptions are a violation of turn taking and are attempts to control the conversation (West & Zimmerman, 1979). "Interruptions in conversation also appear to have micro political significance (West & Zimmerman, 1979, p. 102)." West and Zimmerman reference a study of conversation of faculty meetings in a university setting and noted that the most interrupted female was a faculty member who did not yet hold a PhD degree, while the least interrupted male was the chairperson of the department. In addition, the number of turns taken to speak increased with the status in the department and males without exception spoke longer per turn (West & Zimmerman, 1979).

Review of existing literature on gender power differentials in nonviolent couples uncovered the absence of research utilizing discourse analysis as a methodology. Therefore, the aim of this study is to shed light upon this little explored or understood phenomenon and discuss implications for MFT practice.



## CHAPTER 3 METHODOLOGY

### **Statement of Purpose**

The purpose of the study was to identify gendered oppressive situational talk between nonviolent male and female partners in counseling sessions through discourse analysis. Feminist theory and the dominant theory of language were applied to the practice of marriage and family counseling. The dominant theory of language, according to Coates (1993), is a way of interpreting the different structured social variation in speech between females and males. The marriage and family therapist's contribution to such speech and whether or not he/she intervened in the powered language dynamics of the couple was also assessed. According to the feminist critique of the marriage and family therapy discipline, therapists have ignored the power differentials in heterosexual couples. (Blaisure & Allen, 1995; Ferree, 1990; Fox & Murry, 2000; Haddock et al., 2000). Attempts by the therapist to intervene in dominant speech behaviors were assessed as was their contribution to the power dynamics of the speech.

The primary target audience for this study is the community of research scholars. The study will take on a theoretical focus rather than a practical focus, although it is hoped that the clinical implications will shed light upon future practices in the field. It is assumed that the audience understands basic feminist theory and qualitative research.

### **Research Questions**

The guiding questions for this study were formulated in association with the theoretical constructs, feminist theory of gender and power and dominant theory of language.

- How does the language between nonviolent heterosexual couples reflect power differentials between them during a couple's counseling session?
- How is language used during the counseling sessions?
- How is the client's use of language influenced by their gender?
- How does language in use affect the equity in the session?
- How does the therapist respond to the language inequity in the session, if present? Do they contribute to the inequity?

These questions guided the data analysis and were generated around the themes of gender, power and language. These variables played the most prominent roles in the guiding theory.

### **Theoretical Perspective**

The key terms defining the perspective of this study were gender, oppression, situational talk, nonviolence, and couples counseling. These terms were used in accordance with the definitions set forth below. Gender was used to designate the culturally prescribed way of acting and being for both female and male. Gender is socially constructed and is part of the socialization process starting with babies being assigned pink or blue hospital blankets. Oppression refers to the burden by abuse of power (Mish, 2000). Situational talk is that which is necessary in different environments. For example, we talk differently at a professional conference than we would with friends watching a sporting event. A nonviolent couple refers to a couple that has neither threatened nor experienced physical violence in their partnership. Physical violence means physical contact either using the body directly, such as hitting or kicking, or indirectly, such as throwing objects. In this research, the term couples counseling refers to heterosexual couples, married and unmarried, who seek professional counseling with a

licensed marriage and family therapist. The counseling sessions were conducted in a professional office setting with a therapist and the couple present.

### **Radical Feminism**

Radical feminist theory represents my standpoint. In agreement with Thompson (2001) I believe that radical feminism is feminism unmodified; the core feminism. The various divisions and allegiances to feminisms provide a platform for attacking feminism from within; therefore, from this point forward I will use the term feminism as a collective term and not participate in the division and dilution of the cause.

I agree with Enns (1992), that gender distinctions and restrictions encompass virtually all aspects of life. I believe that the institution of marriage must change in ways that create awareness of covert power differentials and provide an opportunity for a model of mutuality. Many feminists, including myself, would question whether or not the institution of marriage could function as a healthy system at all, given that the surrounding institutions continue to exist without serious evaluation and restructuring. Feminists emphasize creating change in the patriarchal institutions that propagate the status quo. A central objective of this study is to effect change by illuminating how gender divisions influence basic aspects of living, specifically relational behaviors. My research highlighted how women are oppressed through language in relationships.

### **How Feminism Affects the Perception of Truth and Knowledge**

Certainly a feminist scholar is highly sensitive to any gendered power differentials that surround us. An evolved feminist scholar would have deconstructed gender both personally and professionally in order to view the research outside of the hegemonic system. In addition, a marriage and family therapist who is also a feminist would need to have clear boundaries between the larger purpose of radical change and

the purpose of helping a couple that presents for couples counseling. It is imperative that the therapist is able to conduct the therapy session without alignment based on gender or other factors. Feminist researchers would be biased in their perception of truth and knowledge in the same way that 'masculinist' researchers have been biased in the past in their interpretation of truth and knowledge. Perhaps both perspectives will lead to a clearer truth.

### **How Feminism Shaped this Study**

Feminism shaped this study from its inception. It has been apparent to me as an experienced marriage and family therapist of 17 years that couples most often present in counseling with issues of power differentials. The fact that I noticed the oppression of women in heterosexual relationships and was sensitive to their collective voice of oppression shaped my development as a therapist into a feminist therapist. It became apparent that there needed to be a collective emancipation from oppression for women and that this became a social obligation. The research on power differentials in couples appeared to have stalled, and both sociology and psychology struggled to find a way to measure the power variable that everyone could agree on. I actively sought a way to measure power differentials of couples in counseling. I stumbled on research by Jennifer Coates, a sociolinguist. The field of sociolinguistics took an active role in researching issues about gender and power in the 1990s. Particularly, the theory of dominant language related to gendered power gave this study the direction it needed. As a radical feminist, I believed that studying the linguistic behaviors of both males and females in the counseling session would expose the patriarchal norm within the therapist's office; however, I did not know to what extent it would reveal the therapist's contribution to male dominant behavior and female oppressiveness. In summary, radical feminism

guided my research questions, how I analyzed the discourse by focusing on gender differences and my interpretation of the data, in which I emphasized oppression of women.

### **Discourse Analysis**

I was particularly interested in how gender-related power imbalances are created and maintained in relationships between family members and whether the language-in-use during a professional therapy session could capture the power dynamics of a heterosexual nonviolent couple through discourse analysis. As a feminist researcher, I am interested in raising questions that challenge dominant constructions of gender and exposing the invisible dominant language that is part of the “normal” heterosexual relationship. I was curious as to whether or not a licensed marriage and family therapist would notice and address the powered language dynamics of the couple in a therapy setting. I wondered how powered language might be minimized in family therapy clinical accounts.

Gee (1999), a linguistics scholar, defines discourse analysis as the analysis of spoken and written language as it is used to enact social and cultural perspectives and identities. This is the definition of discourse analysis that will be used throughout the paper. The theory of discourse analysis and its premises are the second main theoretical component of this research. The domain of my research is language-in-use. I utilize Gee’s concept that “language has meaning only in and through practices, practices which often leave us morally complicit with harm and injustice unless we attempt to transform them” (Gee, p. 8). The research that evolved in this study was an attempt at making these transformations in order to bring attention to power differentials that cause harm and injustice to couples.

Gee (1999) postulated that many people, including some linguists, think that the primary purpose of human language is to communicate information. However, he explained that language is much more than this. He further explained that the primary function of human language is twofold: to support the performance of social activities and to support human affiliation within cultures, social groups, and institutions. These two functions are connected. Cultures, social groups, and institutions shape social activities while at the same time they get produced, reproduced, and transformed through human activities. Gee stated that there is no institution unless it is enacted and reenacted. Discourse analysis is concerned with a theory and a method for studying how the details of language get recruited at a particular “site” and is able to “pull off” specific social activities and identities. For example, the site for my study is the counseling office, and the specific social activities and identities are how the couple does power through language.

Language-in-use is everywhere and is always political (Gee, 1999). Gee’s use of the term “political” means anything and anyplace where human social interactions and relationships have implications for how “social goods” are or ought to be distributed. Social goods are anything that a group of people believe to be a source of power, status, or worth:

The fact that people have differential access to different identities and activities, connected to different sorts of status and social goods, is a root source of inequality in society. Intervening in such matters can be a contribution to social justice. Since different identities and activities are enacted in and through language, the study of language is integrally connected to matters of equity and justice. (Gee, 1999, p. 13)

Feminist theory and the study of language were integrated in this research in an attempt to uncover the possibility that the patriarchal norm was being reenacted by the couple and the therapist.

Gee's (1999) approach to discourse analysis included his connection of language being carriers of our history. Humans carry history through language. Gee explained that the discourses that we enact existed long before we participated in them and most will exist long after us. "Discourses, through our words and deeds, carry on conversations with each other through history, and in doing so, form human history" (Gee, p. 18). However, for the most part, humans are very unaware of the history of these conversations. In the end, a discourse is a "dance" that exists in the abstract as a coordinated pattern of words, deeds, values, beliefs, symbols, tools, objects, times, and places (Gee, p. 19).

### **Participants**

Approval by the Institutional Review Board (IRB) at the University of Florida was obtained before collecting data for this study (Appendix A). The following section introduces the therapist and couple participants, describes sampling criteria, data collection methods, data analysis, validity, and limitations of the study. Informed consents were secured for both the couple and the participating therapists to participate in this study (Appendix B). In addition, a release of information was obtained (Appendix C) in order to communicate with the participating therapist's about their clients.

### **Introduction of the Therapist Participants**

Because gender is a crucial research variable in this study, I wanted to have females and males represented equally in the therapist participants. Numerous telephone contacts were made before a total of four therapists were chosen. I arrived at this number after concluding that one therapist of each gender would not yield enough data and three therapists of each gender would be unwieldy for purposes of this project. There were a few rejections of the request and a few calls not returned. Reasons given

included that the therapist was taking time off because the summer was slow, that they did not want to do it, and that they did not have any couples who met the research criteria. The criteria based on the research questions provided the guidance for the selection of the participants. All of the therapists practice in four different cities in Florida. In addition to gender preferences criteria, I sought out experienced marriage and family therapists and chose only those who had been licensed for at least 10 years. I have been practicing as a clinician for 17 years and have been an active member of local, state, and national professional affiliations (e.g., the American Association of Marriage and Family Therapists [AAMFT]); these experiences informed my decision to choose four therapists from within these networks.

The therapist for *What about Her Needs* audio taped the counseling session in May 2004 in a private practice setting in a large metropolitan city in Florida. The female counselor is an experienced licensed marriage and family therapist who had been practicing for 25 years, and been licensed for 21 years. She has a Masters of Education degree. She is Caucasian and was 53 years of age at the time of the study. The couple had been attending marriage counseling for about seven sessions with this therapist and came over approximately every other week. They had not received marriage counseling before they saw this therapist.

The therapist for *Much Ado about Nothing* audio taped the counseling session in April 2004 in a private practice setting in a small city outside a large metropolitan area in Florida. The male counselor is an experienced licensed marriage and family therapist who had been practicing for 19 years. He has a PhD degree. He is Caucasian and was 48 years of age at the time of the study. The married couple of 29 years had been attending marriage counseling for a total of 2 years, biweekly, with this therapist, although there



was a history of couple's counseling for 3 years biweekly, before they came to see this therapist.

The therapist for *One More Degree in the Bedroom* audio taped the counseling session in July 2004 in a private practice setting in a large metropolitan city in Florida. The male counselor is an experienced licensed marriage and family therapist who had been practicing for 14 years. He has a PhD in divinity and is an AAMFT supervisor; he was 57 years of age at the time of the study. He is Caucasian. The couple had been attending marriage counseling for a total of 3.5 years with this therapist. Originally, they attended sessions weekly for 1.5 years, then every other week for 1 year. They took a break from therapy for 6 months, and then had been attending every other week for the past year. They had not received marriage counseling previous to this therapist.

The therapist for the case of *Stepping out for Power* audio taped the session in March 2004. The female counselor was an experienced and licensed marriage and family therapist who had been practicing for 15 years. The therapist has a PhD degree and was 48 years of age at the time of the study. She is Caucasian. The couple had been attending marriage counseling for a total of 20 months with this counselor. The therapist provided counseling services to this couple weekly during the first 6 months, then bi-monthly for 1 year, and then as needed which they defined as weekly or at least once a month. The couple had seen a different marriage counselor previously for 3 months, on a weekly basis.

### **Introduction of the Couples**

**Case of *What about Her Needs*.** The married couple of 12 years had two school-age children. He is 10 years her senior. He was approximately 34 years old when he married her and she was 24 years of age. The wife is of Asian descent and the husband is

Caucasian. The wife worked both waged and unwaged work. Her waged work for 24 hours per week earned her \$30,000 per year. The husband worked outside of the home between 40 and 50 hours per week, and he earned \$70,000 per year. They each have an Associate of Science degree. Neither client had ever been diagnosed with a mental illness, been hospitalized for mental illness, or had a history of taking any medications for mood stabilization or other emotional or mental health issues.

**Case of *Much Ado about Nothing*.** The couple had been married 29 years with three children, two biological and one adopted, at the time of the session. He was 50 years old and she was 47 years old at the time of this session. She was married when she was 18 and he was 21 years old. They are both Caucasian. She has a 2-year college degree, and he has a master's degree. The wife does not receive monetary compensation for her work. The husband reported earnings of \$65,000 a year for his waged work. He had a history of ADHD and takes Ritalin for treatment, which the therapist reported to be effective; she listed Xanax and Wellbutrin as her medications. The therapist reported a history of anxiety for the female client. Neither had been hospitalized for mental illness. The counselor determined that this couple meets the criteria of being a nonviolent heterosexual couple and are free of major psychopathology.

**Case of *One More Degree in the Bedroom*.** The married couple of 6 years had lived together for 4 years before marriage so that they listed a total of 10 years together as a couple. The couple does not have any children. They are both in their mid-30s and are both Caucasian. The wife does not receive monetary compensation for her work. The husband earned \$170,000 a year for his waged work. She has a 2-year college degree, and he has a Bachelor of Arts degree. The counselor established that this couple meets the criteria of being a nonviolent heterosexual couple and was free of major

psychopathology. The therapist stated that the male client had dysthymia and general anxiety and took the medications Vistral and Wellbutrin. He had never been hospitalized for mental illness. The female client had a history of anxiety but was not currently taking any medication. She had not been hospitalized as an adult. The therapist determined that this couple met the criteria for the study.

**Case of *Stepping Out for Power*.** The couple had been married for almost 20 years. He had two children from a previous marriage, and she had no biological children. He was 56 and she was 47 at the time of this session. They married when she was approximately 27 and he was 36 years of age. They lived together for 2.5 years before getting married. They met and began their affair while he was married to his first wife. They are both Caucasian. She had a degree in nursing, and he had 1 year of college. The husband and wife did not want to report exact monetary amounts for their income; however, he made twice the amount of money she made. The couple did not have a history of mental illness, hospitalizations, or the use of current medications. Based on their history, the counselor determined that this couple met the criteria of being a nonviolent heterosexual couple and was free of major psychopathology.

**Sampling criteria.** I applied criterion sampling to this study, a type of purposeful sampling. Criterion sampling is a form of a nonprobability technique and is used if generalizing to a population is not a critical issue but the information itself is needed (Nelsen, 1996). Purposeful sampling is appropriate when data from a particular group is required and the researcher uses some rational method for selecting participants (Nelsen; Schwandt, 1997). “Criteria based on the research question(s) generally guide the researcher to a type of selection” (Rafuls & Moon, 1996, p. 69). Criterion sampling is one of 16 kinds of purposeful qualitative sampling and is typical of qualitative inquiry in

clinical research (Kuzel, 1999). Thus, the sampling strategy was consistent with the purpose of the inquiry.

The population in this study was selected based on the following criteria: nonviolent heterosexual couples; over 21 years of age; lived together as a couple for a minimum of 7 years; free of major psychopathology, such as bipolar disorder, major depression or active addictions; and engaged in couple's counseling with a licensed marriage and family therapist for at least four sessions. Four couples, who met the above criteria, were selected by their personal therapist. The therapists were selected by convenience; however, two were male and two were female; all four were experienced licensed marriage and family therapists who have practiced for at least 10 years.

### **Data Collection**

#### **Collecting the Audio Taped Therapy Sessions**

Four nonviolent heterosexual couples who were engaged in relationship counseling with a licensed marriage and family therapist were asked by their therapist to participate by having one of their counseling sessions audio taped. An explanation was given to the couple that the purpose of the taping was to study and analyze language patterns of couples in marriage and family counseling. The consent form and demographic data form was explained as well as informing the couple that there was not any risks of any kind known for this study, although they were told that the taping may alter the process for the client. They were not given any instructions to do anything different other than have a typical session. The couple was an established client of the therapist, and they were experienced about the counseling process. The study focused on gendered differences in language and related these differences to power.

It was important to gather data that represented language-in-use in a real live setting of the therapy office, since the premise is that this “on site” language (Gee, 1999) is used to enact our cultural rules. The therapist selected a willing couple from their clientele that met the research criteria. The therapy sessions lasted from 48 to 77 minutes, depending on the normal time allotment per session for the individual therapist. The exact times of the four sessions were 48, 52, 62, and 77 minutes, averaging 59.75 minutes. Following the recording of the tape, I drove to the different locations and retrieved the tape, recorder, and paper work from the participating therapist. The couple signed both an informed consent (see Appendix B) and a release of information (see Appendix C). Each therapist signed a release of information granting permission for the researcher to have and use the audiotape for research purposes and expressing understanding that they would receive a final summary of the study’s results and a transcribed copy of their session. Full transcriptions of the sessions were done. Approximately 35 minutes of each session were analyzed from the transcriptions. The exact time segments chosen for analysis were 33.77, 35.56, 36.56, and 37.77 minutes, averaging 35.92 minutes. Established conventions as well as created conventions were used in the discourse analysis. A copy of the nonanalyzed transcription was given to the therapist to check for accuracy as well as a means for feedback; it was their choice whether or not to give it to the couple or use it as a therapeutic instrument in subsequent counseling sessions.

### **Choosing the 35-Minute Segments**

The choices of transcription segments for analyses were based on an attempt to capture the working stage of the session and not the initial chit chat. All of the sessions were timed based on the start of talk on the tape, which signaled the beginning, and the

end of the tape, signaled by hearing good-byes or in one case actually hearing the couple leave the room.

The analyses from the case of “What about Her Needs” represented 37.77 minutes from a 52 minute session. The last 37 minutes of the session was chosen because it captured the working stage of the session and the closing of the session. Particularly, I wanted to capture the therapist’s response to the female client’s finale in which she spoke about her needs in the relationship.

The analysis from the case of “Much Ado about Nothing” represented 35.56 minutes from a 48 minute session. The segment chosen to analyze was the last part of the session; the remainder of the session included the therapist’s summary (63 lines) of his observations. There was not a lot of dialoguing during the last two pages of the transcript, which were not analyzed since it represented a repetitive summary from previous talk. Thus, I stopped the analysis before the long synopsis.

The analysis from the case of “One More Degree in the Bedroom” represented 33.77 minutes from a 62 minute session. The 33 minutes were chosen because it was the last part of the session which reflected the working phase of the session. The exiting of the couple from the room was audible on this tape.

The analysis from the case of “Stepping out for Power” represented 36.56 minutes from a 77 minute session. The last 36 minutes of the session was analyzed but stopped four-and-one-half pages before the recorder was turned off. The last four-and-one-half pages sounded like a long closure of the session; the two clients continued to raise issues to the therapist just when it seemed like the session was over. The therapist was able to not engage and bring the session to a proper close.

## Typical Counseling Sessions Captured

It was assumed that the knowledge of the audiotape being given to a researcher unknown to the couple colored the study to some degree. All participants, including the therapist, were aware of the researcher as the external auditor. However, since the researcher was not present during the session, there were not any external interventions in the therapy and the session was captured as close to normal as possible (See Appendix A: IRB Application and Appendix B: Informed Consent Form).

A follow up questionnaire was mailed to the four therapists asking three questions with the purpose of ensuring that the taped sessions were considered “typical” for the couple and to assess the influence that audio taping may have had on the therapist’s behavior during the session. The questions asked were

- Would you consider the session that was audio taped to be typical for this couple?
- In what way, if any, did audio taping affect how you did therapy?
- Did knowing the title or idea of my dissertation affect how you conducted your session and if so, how?

All four therapists answered that, yes, they considered the session that was taped to be typical for their couple. The therapist for the case of “One More Degree in the Bedroom” stated that he “fired” the couple after the session that was audio taped due to their volatility during the session. He stated that, although the couple argued a great deal at the beginning of the therapy process, it lessened over time but flared up on occasion. The session taped was one of those flare ups. The therapist for the case of “Much Ado about Nothing” stated that the couple that he taped had chronic issues in which they did not exhibit significant change. All of the participating therapists said that knowing that my dissertation was an analysis of language focusing on gender differences did not affect how they conducted their sessions. This was the only information given to them about the study in order to avoid contamination.

## **Problems Incurred with Recording of the Session**

The location of data collection was in the therapist's professional office setting. The sessions were recorded from March through July 2004. The therapist was instructed to place the recorder on a stable surface in between and in front of the couple during their session and taping began as soon as the release of information was signed by the couple. The tape was to be turned off as soon as the couple exited the room. The only audio tapes collected were those with good acoustic quality. Instructions were given both in writing and orally to ensure quality recordings. It was emphasized several times on the phone to record the audio tape properly by testing their voice and the machine before the actual session took place. Three of the four therapists had to record an additional session due to poor acoustic quality of the initial tape. Three of the four therapists requested the use of my personal audiotape-transcription machine, which was offered from the beginning of contact. One therapist used their personal recorder and was able to record a quality tape, although she recorded a second time in order to obtain a tape of good acoustic quality. The other female therapist asked for my machine from the beginning and was able to record a quality audio tape. The two male therapists requested my machine before they started audio taping; however, both chose to tape another session due to their assessment that the first tape was a poor quality. One therapist reported that his voice was not loud enough and thus he chose to record another session. The other reported that it was difficult to hear anyone in the tape, therefore, he recorded again.

One male therapist used his machine and discovered that it was a poor quality tape in which the voices were not audible. He asked to borrow my transcriber-recorder, which had been previously offered to him. I delivered the machine to his office. He called about 2 weeks later to say that the couple came for their session and that he could



not get the audio recorder to work. I drove back to his office, played with the machine, and was able to make it to work. Two weeks later he was able to record the couple. After choosing the couple and getting their consent, it took this therapist 6 weeks to audio tape the session since the couple was on an every-other-week schedule. Another therapist, who agreed and promised to practice with the machine ahead of time, called three times to my office in 2 hours to leave three different messages. The couple he chose to audio tape attended counseling with him every 2 weeks as well. A few days earlier he said that he was going to tape the session that week. The day of the session, and apparently just before they were to arrive, he called to say that he set up the machine, the couple was on their way for their session, and he discovered that he did not have a blank tape in the machine. Therefore, he would have to tape 2 weeks later. The second call was to tell me that he was able to locate a tape in a short period of time and that they would tape after all. The third call was to tell me that he was so sorry but that his voice was not audible on the tape when he played it back and therefore would have to tape the next time they returned, 2 weeks later. Another therapist used her own machine but informed me that the first session that she taped did not turn out because of the poor audio quality, and she taped another session. The couple that she worked with also attended every other week so this took additional time as well. The fourth participating therapist took the longest to provide the audio tape, that being about 3 months. She had stated that she had been very busy, taken time off during the summer, and one of four hurricanes during that period had created disorganization at her office.

### **Unplanned Research Interruptions**

Unbelievably so, four hurricanes (all of which occurred in a record breaking 7 weeks' period of time) and major abdominal surgery interrupted the data collection

stage of this research study. Three of the four hurricanes included evacuations from my home where the research was being analyzed. Each evacuation included, among other chores, copying research onto discs, packing, loading, and transporting the research materials to a safe location. This involved transporting all the audiotapes, consent forms, transcriber, discs, transcriptions, analyses, letters, laptop computer, and other essential paper work. During the tornados, which frequently occurred after each hurricane, I made sure that the research materials were safe in a storage pantry. Following the abdominal surgery in which I was not supposed to work or drive an automobile for several weeks, I took 3 weeks off from work during which my husband drove me to one of the participant's locations twice. Once to drop off the audio- transcriber and once to pick it up. He waited in the car and confidentiality was not breached.

The intensity of the discourse analysis required my temporarily retreating from my home environment so that I rented a studio to work from February through June 2004. I worked at the studio as much as possible when not needed as a mother or working at my private practice. This proved to be a productive environment for the analyses.

### **Time Table of Research Process and Data Collection**

Phone calls were made in January and February 2004 to set up possible participants. Surgery occurred mid-March and my research ceased for about 5 weeks; however, the wheels were put in motion so that I could at least begin to receive some of the data to be analyzed. The participants were chosen, directions were given, and forms were sent and collected March through July. The sessions were recorded in March 2004, April 2004, May 2004, and July 2004. Four hurricanes occurred in August and September 2004, three required evacuation, one required evacuation for 5 days.

Electricity was unavailable during and after the hurricanes. Streets were under water thus preventing return home.

The audio tapes were transcribed mid-May through October. October and mid-November the tapes were listened to repeatedly in order to select the working stage of the session and to have the same time frame used for each analysis. Basic analyses were done August through October such as untimed pauses, interruptions of speech, and question marks to indicate uncertainty of the words spoken. These transcripts were sent to the four participating therapists in October 2004 along with a thank you letter. The discourse analysis occurred November through May 2004. Mid-May through mid-June the analysis was put in table form with numbered lines and with color coding using highlights. June and July the results chapters were written. August, the methodology chapter was written and the validity check was done, recorded by phone, and summarized. Numerous phone conferences occurred during this time span with my chairperson, my qualitative professor, and my peer who conducted the validity check.

## **Data Analysis**

### **Feminist Theoretical Influence on Data Analysis**

The data from this research were analyzed and reported around themes that have direct bearing on the theoretical focus of the study, feminist theory. "The major challenge for feminists working on families has been to bring issues of gender and connections of gender to power, into the center of the field (Osmond & Thorne, 1993, p. 617)." For the last two decades, feminist research has focused on exposing power differentials in the family through issues of control of money, parenting responsibilities and household chores. Feminist theory has not been applied to the development of more sophisticated

indicators for the measurement of power constructs in marital relationships (Wampler & Halverson, 1993). Therefore, I decided to explore other ways to identify the power differentials between couples, with a particular interest in the counseling session. A feminist theoretical perspective was integrated throughout the study, including the data analysis.

### **Discourse Analysis**

There are multiple variations of discourse analysis. The one that informed this research study was initially developed in the field of sociology and later in social psychology and communications (Potter, 2002). Its focus is to study discourse as texts and talk in social practices. That is, the focus is not on language with a set of rules but as the medium for interaction. As a result, the analysis of discourse becomes the analysis of what people do. People produce stories of social organization in their talk. "Naturally occurring talk can be relatively straightforwardly defined as spoken language produced entirely independently of the actions of the researcher" (Potter, 2002). It is considered natural in that it is not influenced by any social research technology interview schedule, questionnaire, or experimental protocol (Potter). The researcher does not need to somehow disappear from the interaction in discourse analysis. Naturally occurring talk emphasizes interaction happening naturally out in the world. According to Gee (1999), the primary function of human language is two fold: to shape the performance of social activities and to shape affiliation within cultures, social groups, and institutions.

Symbols are used in discourse analysis to reflect the transcription notations. There is continuous recurrence between listening to the talk and transcribing the segments of talk (Gale, 1996). The notations are a way to capture and understand the various kinds of recorded talk.

## **Dominant Theory of Language**

Coates (1993) described the two different approaches to gender differences in language as the difference approach and the dominance approach. The difference approach relates the gender linguistic differences to social roles that are assigned to women and men in our society. The dominant approach relates the gender linguistic differences to power. Coates identified several different linguistic behaviors that are characteristic of gender power differentials. Eight of these characteristics were: talk time, overlaps, interruptions, use of minimal responses, use of hedges, control of topic, use of questions, and collaborative talk.

Coates' research supports that in mixed interaction men tend to speak more, initiating about two-thirds of all conversations. Talk time can be counted in several ways, by timing the talk, by counting lines of talk, by counting talk turns, or counting words and utterances. Overlap and interruptions in conversations signal irregularities. Overlaps are instances of slight over-anticipation by the next speaker and were identified when the last word or part of a word overlapped with the next speaker's turn (Coates, 1993, p. 109). Interruptions are violations of the turn-taking rules of conversation. In such cases, the next speaker begins to speak while the current speaker is still speaking, at a point which could not be defined as the last word. Interruptions break the symmetry of conversation. Basically, the interrupter prevents the speaker from finishing their turn while gaining a turn for themselves.

Minimal responses in conversation include responses such as "yeah" and "mhm," which don't constitute a turn but are ways of indicating the listener's positive attention to the speaker. Minimal responses are considered a way of supporting the speaker in the speaker's choice of topic of conversation (Coates, 1993). Other forms of minimal

responses include paralinguistic features such as smiling, nodding, and grimacing. The use of minimal responses is an indication of an active role in conversation. Minimal responses include counting the supporting utterances such as “yeah” and “mhm.” Delayed or lack of minimal responses were noted in this study. Delayed minimal responses function to signal a lack of understanding or interest in what a current speaker is saying and a lack of support for the speaker’s topic (Coates). Delayed minimal responses occur at an appropriate point in the conversation, but only after a pause. The use of “you knows” often occurs immediately before or after pauses in conversation and reveals a malfunction in turn-taking. It signals that the listener is not participating in the conversation and rejects the topic under discussion, as evidenced by the “you know” occurring at the point in a normal conversation where one would expect a minimal response.

Hedges can be a reflection of cooperative discourse and are used to respect and negotiate sensitive topics and to encourage participation by everyone. Hedges can be spoken with certainty or with uncertainty. Hedges are words and phrases such as *maybe*, *sort of*, *I mean*, and have multiple functions. Hedges can express shades of doubt in talk, allow for sensitivity to others’ feelings, help in searching for the right words, and help to avoid playing the expert (Coates, 1997). Hedges can soften a hard line so that it encourages discussion (Coates, 1993).

Control of topics in conversation is normally shared equally between the participants (Coates, 1993). Topics are introduced in accordance with the interest of the speaker. If the listener is not interested in a topic they may ignore the topic and respond with silence or change the topic to one in which they are interested. This signals a malfunction in conversation. “Conversational dominance seems to be realized more

through silence than through grabbing the floor, when the subjects are married couples” (Coates, 1993, p. 113).

The use of questions to elicit a response in conversation is a powerful linguistic strategy, especially for the less powerful member in a conversation (Fishman, 1978). Fishman explains women’s question-asking in linguistic terms as an important link in conversation. Questions are part of the conversational sequencing device; questions demand a response from the addressee. “In interactive terms, then, questions are stronger than statements since they give the speaker the power to elicit a response (Coates, 1993, p. 122).

Cooperative discourse strategy, which is also known as collaborative talk, is most often descriptive of female talk and is highly functional when the chief goal of talk is the maintenance of good social relationships (Coates, 1993). Cooperative discourse usually focuses talk on people and feelings rather than things and the speakers build on each other’s contributions. Minimal responses are frequently used in cooperative discourse to signal involvement. Often, simultaneous speech will erupt, that is, two or more people speak at the same time as they pursue a common theme. Interrupting is not cooperative; an interrupter is pursuing their agenda and not building on the other’s topic. Sometimes during simultaneous speech, speakers will complete each other’s utterances, or repeat or rephrase each other’s words. This type of talk does not compromise comprehension but actually permits a more multi-layered development of the topic (Coates).

### **Combining Discourse Analysis and Dominant Theory of Language for this Study**

The analytical steps of combining discourse analysis and dominant theory of language from the sociolinguistics field will be described. The integration of discourse analysis that I have chosen is best described by Gee (1999), a linguist. He defines an

integrated approach to discourse analysis as the analysis of spoken and written language as it is used to enact social and cultural perspectives and identities (Gee). Our culture, social groups, and institutions are produced, reproduced, and transformed through human activities such as language (Gee). An institution does not exist unless it is enacted and reenacted. My interest was in analyzing the language in use between heterosexual couples in the therapy room and observing what gets enacted and reenacted, particularly the reenactment of power. This study captured naturally occurring talk in the counseling session according to the criteria previously discussed and was specifically designed to capture both the way gender inequalities are constructed in talk and made factual and the resources that are used to sustain those inequalities.

The symbols that I used for the discourse analysis have been excerpted from three sources. One source is Gale (1996), *Conversation Analysis, Studying the Construction of Therapeutic Realities* (Appendix D). The second source is Silverman (2002), *Qualitative Research, Theory, Method, and Practice* (Appendix E). Although the two sources overlap, there are some specific symbols for each one. I created the third source of symbols (Appendix F) after I discovered during the analyses that the two other sources lacked some important designations that I wanted to capture in the analyses. My symbols added clarity and were made to capture the session's emotional content. For example, I created a symbol for an angry/tense voice that occurred in session and was noted during the analysis. The two other sources cited a symbol for a loud voice but many times a speaker had an angry and tense voice without being loud; my symbol captured these nuances of speech. Other symbols that I created were to identify voice tone elevation and voice tone sudden drop, soft voice reflecting empathy (different than a quiet voice which is about volume), talking with a chuckle, mocking voice, whiney voice, and mumbling talk.



Discourse analysis provided the framework to illustrate the linguistic distinctions in situational talk including pauses, talk time, silences, topic flow, questions, responses or lack of responses, interruptions and overlaps, use of hedges, minimal responses, voice tone, designation of whiny voice, soft voice, mocking voice, mumbling voice, tense and angry voice, loud and quiet voice, talking with a chuckle, exhalations and inhalations, rising inflection of talk, abruptly cutting off words, extension of vowel sounds, emphasis of words, designating inaudible words, and fast and slow talk. All of these distinctions determined the assignment of dominant speech characteristics of the couple as well as the therapist.

The dominant approach to gender linguistic differences was chosen for this study. As a feminist, I am critical of any approach that focuses on social roles and not on gender theory. By focusing this study on the dominance approach, I was able to embrace the feminist theory fully and not separate power from gender. Dominant speech characteristics originate from Coates' work on gender differences in language, *Women, Men and Language* (1993). I chose eight different characteristics of dominant language which were highlighted in this research. The eight characteristics included: talk time, overlaps, interruptions, use of minimal responses, use of hedges, control of topic, use of questions, and collaborative talk.

The way that the eight dominant linguistic behaviors were identified will be described. The amount of talk time for each person on the audio tape, the male client, the female client, and the therapist, was documented by counting the number of utterances and words. Talk time was not counted by lines because often only one word may be present on a line. The number of overlaps was documented by counting when the last word or part of a word overlapped with the next speaker's turn. The number of

interruptions in the analysis was documented when a speaker began to speak while the current speaker was still speaking. Minimal responses that were supportive of the other speaker and were identified in this study included “yeah,” “um hum,” “right,” “okay,” and “all right.” Other forms of minimal responses include paralinguistic features such as smiling, nodding, and grimacing; these were not included in this study since the research called for audio tape rather than video tape. Hedges identified included “may be,” “sort of,” “I mean,” “kind of,” “I’m wondering,” “I think,” “I guess,” “I don’t know” (when this was not used as an answer), and “you know.” This research noted how successful the male and female clients were in getting their topics accepted by the other spouse and the therapist during the counseling session. Topic introductions were observed for a response to the topic; specifically noting if the topic was dropped, ignored, or changed. Questions were counted in the discourse; in particular, questions were noted if the speaker appeared to be eliciting a response from an interactional standpoint. Other forms of questions identified in this study were clarifying questions, repeated aggressive questions, and sarcastic questions. In this research project, cooperative speech was identified as simultaneous speech, by two or three speakers in the counseling session, who contributed to the same topic development.

### **Subjectivity**

My professional history includes training as a medical surgical nurse specializing in cardiovascular nursing and pediatric nursing. I am an RN, and I utilize the training and professional experience in understanding and assessing my clients. I was trained in medicine with scientific inquiry. I practiced in nursing for approximately 8 years. I received specialized training in telemetry and worked for several years on a step-down unit for open heart surgery patients. I trained as a pharmaceutical representative for

Upjohn Pharmaceutical and worked for the company for 2 years in Charlotte, N.C. This training enhanced my knowledge of pharmacology as well as marketing.

I have been practicing as a marriage and family therapist for 17 years, licensed for 15 years. Approximately 10 of these years were spent working in an agency setting and 7 of these years were spent in private practice. The last 5 years, I have practiced solo. Since I have been in private practice, I conduct approximately 15 to 20 sessions each week. I was trained as a systems therapist, and that was my theoretical orientation in my practice for many years. I have evolved to be a feminist social constructionist in everyday professional practice and connect gender and power in therapy. I find that the best intervention for many couples who present for counseling is to reframe their marital or couple distress as the result of the culture that we live in and that, instead of treating each other as the enemy, they have to figure out how to navigate the culture together. Once they join in this reframe, more possibilities emerge for relationship improvements and decreased fighting. This is not workable for all couples. Many feminist ideas are introduced into my counseling process. For example, I always assess if there is an equal distribution of leisure time. This reveals a great deal about how the couple functions. I also assess power differentials by listening to their linguistic behaviors, evaluating access to the marital money, making sure they understand that waged work cannot take place without unwaged work. I assess their division of household chores and parenting and if their interpretation is the same or different. I spend several minutes explaining the linguistic rules in my session and make sure that they both agree to allow me to influence them and that I would be in charge of directing the topic. This is all done in a very respectful way. I explain that a good therapist is one that does not make alignments and that I would not be participating in triangulation. I do not discriminate against males or

females and I help them to understand gender differences that are socially constructed. I am particularly tuned into patriarchal rules that the couple adopt in their relationship and family life.

I do not name my feminist underpinnings with my clients. The word “feminist” continues to evoke a strong emotional reaction for many people. I explain that my observations, supported by the research, are that couples are happier if they have the same sense of power and influence in the relationship. I usually use the word “influence” instead of “power” because more people seem to understand and accept this concept. Most couples will agree that they want an equal relationship. However, I have realized how much the hegemonic system is working, without their knowledge, encouraging the continuation of power differentials between them.

If I witness dominant or submissive linguistic behaviors in my session, I call the session to a halt and have a discussion about my observations. Usually, I will ask for permission to do an intervention, which will include highlighting the behavior when it reoccurs during the session, as most people seem to be unaware that they are participating in these.

### **Validity for this Study**

The validity for this study was established based on Gee’s (1999) four elements for validity for discourse analysis. These four elements are agreement, linguistic details, coverage, and convergence. Agreement is concerned with how others in the field, who accept our basic theoretical assumptions, support our conclusions. Linguistic detail refers to the analyst being able to argue that the communicative functions being uncovered are “linked to the grammatical devices that manifest and serve these functions” (Gee, 1999, p. 95). Coverage is situating the research between what has come before and after the

situation being analyzed and being able to predict what might happen in similar situations. Convergence makes a discourse analysis more valid if the analysis offers “compatible and convincing information” (Gee, 1999, p. 95). He states that analyses are open to further discussion and dispute and that validity is never “once and for all” (Gee, 1999, p. 95). Therefore, validity is fluid and can change over time; its status may change as work evolves in a particular field.

The peer validity check was conducted by a fellow colleague who is a clinician and a professor. The validity checker's professional identity is that of a feminist scholar practitioner. This helps guide her approach to both clinical work and scholarly inquiry. Specifically, she has engaged in collaborative explorations of learning qualitative research within a feminist framework. Additionally, she has taught a graduate level course on research methods and program evaluation.

The validity checker was given all four analyses and the two results chapters, and asked to review them for validity purposes. She took notes while she read all the documents. She sent the notes to me and then we had a 2 hours and 20 minutes telephone conversation in which we discussed her feedback. I summarized the feedback in five pages, which were sent to her for another validity check. She agreed with the summary and stated that it captured her feedback accurately; she added one more comment about the analysis of laughter.

A validity check was done to assess agreement level of the interpretation of the analysis. A high level of agreement was found between the peer reviewer and the researcher. In addition, transcriptions were given to all participating therapist's in which there was assumed agreement of the transcriptions by all four members. The linguistic

detail illustrated in the analysis revealed that the grammatical behaviors uncovered in the counseling session supported and served gendered power differentials. The coverage and convergence in this study were good in that there were exhaustive and multiple layers of analyses for this study and information gathered through analyses was compatible and convincingly illustrated gendered power differentials among couples, the focus of this study. The transcript segments were exhaustively analyzed, in order to get a complete linguistic picture of the counseling sessions.

Full transcripts of each session, with minimal analysis which included untimed pauses and interruptions, were sent to each of the participating therapists. They were instructed to contact me if there were any problems or disagreements with the transcripts. No one contacted me and it was assumed that they concurred with the transcripts. It is unknown whether or not they gave them to their clients who participated in the study. This checking was done for the purpose of increasing accuracy and therefore validity.

### **Summary of Validity Check with Peer**

The conference with the validity checker took place on Sunday, August 14, 2005, from 11:30 a.m. until 1:50 p.m. The overall validity feedback was that the result chapters accurately reflected the analyses and that the notations were sharp and captured how the female clients and the female therapists were linguistically overpowered. The validity checker stated that there was “very meticulous teasing-out of differences between discourse that could have been mis-coded but instead was captured accurately.”

The highlights of the conversation with the validity checker were that she agreed that all cases illustrated alignment between the therapist and one of her or his clients, three supporting a male client and one supporting a female client; in the latter, the male

therapist appeared to be rescuing the female client. Both female therapists aligned with the male clients and the male therapists aligned with one client of each gender; however, the male therapists seemed to rescue their client and this was interpreted as alignment on their part. The validity checker further stated that she thought the results were strongly aligned with the detailed linguistic discourse analysis and she appreciated the segments chosen for the results chapters. The single area of the analyses and results that she shed light upon was the need to qualify laughter and what these expressions convey; specifically, to further interpret and analyze the use of sarcasm and/or nervousness in the sessions. In addition, she identified a tagged hedge that did not appear as a hedge by one of the female clients, an observation with which I agreed. Finally, she identified a dominant linguistic behavior by one of the male clients that I had not noted, and with which I agreed.

In the case of *What about Her Needs*, the validity checker agreed with the researcher that the therapist aligned with the male client and linguistically supported him. She asked the male client to give a sex report but did not ask the female client, as evidenced by one particular segment of talk. She agreed that the therapist worked hard, through her linguistic behavior, to keep the male client's interest in counseling. The validity checker wrote about this case, "Great points! Is this therapist over her head when it comes to sexuality and safety in marriage?" The female client expressed laughter that appeared to convey nervousness; and this was not interpreted in the analysis, which the validity checker would have like to have seen. However, I am not sure that interpreting laughter would necessarily move the research closer to identifying power differentials. After reading this summary, the validity checker shared that she agreed that it may not. However, she stated that in future research, it would be interesting to note the meaning of

laughter to perhaps add to an understanding of whether females use laughter to either surrender their power (give up) or to express anger (sarcasm). I agreed with this feedback.

In the case of *Much Ado about Nothing*, the validity checker agreed with the identification of enabling questions by the therapist to the male client and that the therapist aligned with and defended the male client in lines 167-170, 387-394, 515-517. Similar to the researcher's interpretation, the validity checker identified the belittling of the female client by the male therapist and that he did not acknowledge the importance of the female client's role in the financial decision making by calling her the "back up plan." Other similar interpretations of this session by the validity checker and the researcher included (a) the therapist spoke carefully to the male client, (b) sarcasm and laughter were identified in lines 121 and 147, and (c) the therapist often asked the female client to accommodate rather than to ask the male client to make changes. She agreed that the therapist reframed the marital power struggle into a "communication" problem (e.g., lines 361-364 and 366-373). She also agreed that lines 406-408 were a good example of how the male client minimized his anger. She agreed that the therapist tried to protect and esteem the male client, a behavior particularly highlighted in lines 450-455, in which case the therapist explained that there is a gender difference in which women have an edge when it comes to verbal battles. She agreed that there was more alignment and collaborative talk between the male client and the therapist when he ignored the female client's input (lines 503-504) and attended to the male client's speech instead of hers. She agreed that this session appeared to be a power issue over money. Finally, she agreed that there was more collaboration between the males by belittling the female client and joking about her, in lines 390-391.



The hedge that the validity checker argued was not a hedge in line 250 was interpreted as a direct question by the female client to her husband. I agreed with the checker and believe I missed this. The checker wanted more clarification about what laughter meant during the session (e.g., lines 42, 70-72, with line 155 sounding like nervous laughter). Again, I am uncertain about its relevance to power.

In the case of *One More Degree in the Bedroom*, the validity checker agreed with the identification that the female client joined the therapist in discounting her husband's narrative and that the male therapist made many sarcastic comments to the male client that were discounting and provoking. Furthermore, she interpreted the talk between the therapist and the female client in lines 69-72 and throughout the session to reflect alignment with the female client. She believed that "I don't think" (page 6 of analysis) said by the female client was not a hedge but a decisive comment. After she pointed this out, I agreed with her.

The validity checker is also a clinician, and she expressed concern about the male therapist's sarcasm to the male client. She wrote, "What do you do with these therapist's questions? How do they get coded?! This guy is really sarcastic! Do you speak to that, I mean, as a therapist?" Examples of this sarcasm and provoking behaviors by the male therapist included "Do you like her running your show? You're not even comfortable in your own house? Damn, when did you turn it over to her? What the hell you letting her do that for?, and We're not talking about 'for the most part.'" She believed that the sarcasm by this therapist needed to somehow be coded more specifically in the analysis. I identified sarcasm and interpreted it as provoking by the male therapist, which was written about in the results chapter. It is uncertain what the outcome of this would be.

In the case of *Stepping out for Power*, the validity checker agreed with the identification that the male client supported the female therapist's talk with minimal responses but did not use any to support the female client; that the female therapist supported the male client with more minimal responses; and that since the male client interrupted 21 times during the analysis, more than the total number of interruptions by the two female speakers, he thus challenged the female client's position of power. Similar to the researcher, the validity checker viewed that in this session the male client seemed privy to knowledge from a previous individual session mentioned in the tape, had a prior phone conversation with the therapist, and spoke with the therapist as if there was an agreed upon agenda before the session.

The validity checker discussed points about this case that I did not capture on the analyses, including identification of a linguistic power move by the male client that I did not see. The male client said, "I decided that the relationship was more important than a divorce so hence we started coming here," as if he was the one who was assigned to be the decision maker for the relationship. She thought that the male client was exercising his power in this instance. I agreed with her interpretation.

Overall, she said that the four analyses revealed "blatant alignment by the therapists," though to a lesser degree in the case of *"Stepping out for Power."* All sessions revealed the gendered linguistic differences with males showing dominant behaviors highlighted by the linguistic features identified. She said that this study showed that the therapists were not informed about gendered power differences expressed through language. The validity checker also said that the research stayed true to its feminist focus and underscored the use of privilege, power, and controlling behaviors. She said that this study was good about featuring the eight linguistic features, and she

thought interruptions and overlaps were highlighted more prominently than the others. She further stated that she would have expected therapists to have the most minimal responses during a session but did not expect them to be lopsided. She said that the selection of the analyses in the results chapter was exemplary of the issues, that they were accurate choices and representative of what was significant. Finally, she commented: “Great job distinguishing overlaps from interruptions.”

### **Summary of the Validity Check with the Participants**

I sent a summary of the results to the four participating therapists (Appendix R) at the beginning of October. The therapists were asked to leave verbal comments in a confidential answering machine after reading the summary. In order to ensure that integrity and accuracy of feedback representation were maintained, the summary of results was reviewed by the committee chairperson as well as by a colleague. Three of the participants responded within a week after receiving the letter while the fourth responded in 4 weeks' time. The reactions to the summary of results were reported by identifying the name of the case and by gender.

### **The case of *One More Degree in the Bedroom***

The male therapist said, “I have two words. Ouch! Wow!” He said that the research was an impressive piece of work. He said “ouch” is good and “wow” is good. He asked “where is the visual?” and added, “I know that it would show, be a limit from a gender bias that I probably had.”

### **The case of *What about Her Needs***

The female therapist said, “I found it fascinating and interesting.” She said that since she read the report that she had been “paying attention to gender differences in my sessions.” She said, “Good work” and added, “All therapists need to be aware of this.”

She wants me to present at the local AAMFT conference. She thought that some results might be dependent on the male clients' reluctance or enthusiasm toward therapy. She thinks that if the male client initiates therapy that the results would be different.

### **The case of *Much Ado about Nothing***

The male therapist said that he did not agree with the results and that he did not feel that I captured the talk accurately because “any couple that have, where a woman is more dominating and controlling and runs things, it would be this couple.” He said that I did not pick up accurately what was happening between the two of them (clients). He said that the study was “very interesting.” He said that he thought that my view was “somewhat biased” and that I made assumptions based on this bias. He thought it would be helpful to have someone else take the same information and see if they came up with different results.

### **The case of *Stepping out for Power***

The female therapist said that she did not feel that the results reflected the context of her session. She said that the husband had dropped out of therapy and she saw him as being resistant. She said that this particular session was a “rescue mission” by the therapist. It was an attempt to get him to reconnect with therapy so that it required a lot of nurturing of him and that she intentionally gave him more stage. She expressed surprise that the male client agreed to come in to therapy at all but he wanted to participate in the study. She stated that this was an “interesting study.” She thinks that I should take into account whether a therapist has more of a male or female perspective and traits and that this may affect the study. She said that she thinks that she has more male personality traits.

## Researcher's Response to the Participants' Validity Check

I valued the feedback from the participating therapists and appreciate that they all acted upon the request for a response. I am not able to generalize this study to the population of clients in couples counseling nor am I able to generalize the response of the participants to all therapists since this qualitative study is based on criterion sampling. This study was based on situational analysis of a specific point in time during therapy rather than analyzing couples' discourse in therapy across time. However, since the four therapists are experienced and well respected marriage and family therapists I predict that other therapists may have similar reactions. My response to their responses follows:

The validity check, including the peer validity process, was not included in the summary of results provided to the participating therapists and therefore they did not have knowledge of this. If I wrote the summary of the results for the participating therapists over again I would have included some information about the validity process as well as the theoretical framework used throughout the study. Had this contextual information been included, I believe the male therapist for *Much Ado About Nothing* may have expressed more confidence in the validity of the study since he would have been privy to the nature of the peer validity check and the high level of agreement. I felt satisfaction after receiving feedback from the female therapist that she had begun to focus on gendered talk and relate it to power differentials of the couple. Ultimately, this is the outcome I had hoped for. It was encouraging that she felt so affected by the research that she wanted other marriage and family therapists to be educated about linguistic behaviors and their therapeutic relevance and applications.

Although it could be argued that context related to the therapist-client relationship (i.e., who initiated therapy and who is most invested) could make a difference in findings

concerning therapists' alignment with male clients, I would argue that context does not make a difference. Three of the four therapists essentially acknowledged that they deliberately participated in lopsided linguistic behaviors for various reasons. One female therapist suggested that the results may be different in a study such as this if consideration was given to whether the male client initiated therapy or attended therapy reluctantly. The other female therapist said that the context of her session made the difference in the linguistic behaviors in the session. She said that it was a deliberate intervention to allow the male client center stage. One male therapist stated that his intervention of being supportive of the male client was deliberate due to the controlling and dominant nature of the wife. I believe that at times there are intentional interventions in therapy that include temporary alignments in order to equalize power in the dyad. However, it is speculative at best that three of four therapists happened to be doing this during the session they chose to record. In addition, and most importantly, alignment is not synonymous with linguistic behavior. I believe that language-in-use that is so entrenched in how we talk in our culture will not and could not be manipulated and changed for the sake of a counseling session(s). As a feminist, I think How can it be that all the reasons for capturing lopsided linguistic behaviors claimed by the therapists include pursuit of the male client, and in one case protecting the female client from her husband's anger and domination? The reasons given appear to highlight that gender is an important component, if not the only component in this study, which informed and ultimately determined the power differentials that affect linguistic behavior. The discourse analysis of language-in-use as a reflection of our cultural rules would support that the context of therapy would not make a difference. That is, that the linguistic behavior and power differentials would be evident in any context where males and

females are communicating. The feminist theoretical position documented in this study also would support that the context of therapy would not change the linguistic behaviors of the participants in counseling since the patriarchal institutions and ways of behaving based on gender have been culturally entrenched for many centuries.

In addition, one female therapist believed that the therapists' traits of being male or female might make a difference in this study. It is assumed that she is referring to stereotypical female and male characteristics. However, this idea supports that gendered power in which male traits are valued more than female traits, is assigned. Ultimately, the female therapist with or without inherent male traits would compete for talk time with the male client in which a power struggle would be the driving force rather than being able to conduct a therapy session and influence the male client. The fact that she is female places her in a culturally assigned less powerful position.

## **Limitations**

### **Limitations as a Feminist**

A focus on a feminist political action agenda can lead readers to reactionary responses and create polarization. Therefore, it is important for researchers to take into account the political context in which research participants are embedded (Avis & Turner, 1996). The participating therapists are embedded in the patriarchal hegemonic system, as we all are. Admittedly, I am not neutral, just as any researcher. Certainly, my observations and interpretations were colored by my gender and my experience, both professionally and personally. I am quick to see the patriarchal hierarchical system around me. Self-reflexivity can become cumbersome in feminist research and can become a limitation. Avis and Turner (1996) describe how self-reflexivity that spirals

without an ending can limit feminist research. I made a conscientious attempt to have boundaries around the self-reflexivity in this study in order to avoid extremism.

### **Limitations of Discourse Analysis**

Repeated listening to a conversation can make the conversational features appear to have more relevance than they did for the participants. In addition, repeated listening can create a critical posture while attempting to transcribe each word. It became maddening when all three speakers spoke at the same time. I became irritated when speakers were interrupted because it added to the difficulty of the transcription and analyses. Frequently, the signal for a break became when I disliked everyone in the session, but ultimately I was able to recenter and regain my natural empathy. The fact that discourse analysis is a very rigorous process and is very time consuming is met with criticism. I can collude with this perception at this point in time. It took months for the analysis to be completed. Discourse analysis captured the language in use during the session, but it cannot capture the essence of the session and the relationship of the people in the session. I captured a small segment of time in the relationship of the couple and their therapist. Another criticism of some types of discourse analysis is that it can be reductionistic and therefore ignores broad issues of power and social inequities. Power inequities were not ignored in this study.

### **Limitations of Dominant Theory of Gendered Language Differences**

Measuring talk time is complicated since the amount of talk does not necessarily reflect dominance (Coates, 1993). Sometimes silence is used to demonstrate power, not submission. Hand counting the words was tedious, and mistakes could have been made. The word count was not able to capture the words because utterances were counted as well and the symbols used disguised the words so that they were unrecognizable to the



computer. I identified many different words as minimal responses. A great deal of time was spent in deciding if a word was a minimal response because many were not so clear. For example, one therapist used the word “okay” as a minimal response to support a speaker, and she also used it frequently to start her turn. At times, the word was used aggressively, and she interrupted others with this word or kept others from speaking by repeating this word. The word “right” was used sometimes to support another speaker’s talk, and sometimes it was used as an answer or as an interruption. If both speakers started speaking at the same time and neither one stopped talking until they were done, who interrupted whom? There were a few instances when it was difficult to determine if the talk was a question or a rising inflection, especially when sarcasm was used. In addition, simultaneous speech, which includes overlaps, can be difficult to differentiate from interruptions. Identifying the topic under discussion is very subjective and left to the researcher’s discretion.

### **Limitations Due to Personal Experience**

It has been almost surreal to research this topic only to walk outside of my work office or my study at home to enter my personal world filled with the same issues that are under study. Certainly, my personal life colors my perception. Being a therapist altered the way that I reacted to this study. I had personal emotional reactions to some of the sessions, both supporting females and males, which I processed with my chairperson. I was distressed by witnessing the alignments of the participating therapists. I was not expecting the therapists to be participating in the gender power differences as identified by their linguistic behaviors. My subjectivity was limited due to the fact that I am also a licensed marriage and family therapist. I have been married for 17 years to the same man, who can understand the misrepresentation of women in our world but not understand

oppression and his participation in patriarchal ways. This personal experience affects my perceptions. I understand the connection and contribution of his behaviors to the very same things I research.

### **Limitations Due to Sampling**

My sample, ideally, should have reflected the interaction of gender with race, class, and culture. It is important to emphasize diversity in feminist research and my study did not do this; this was a limitation. All of my couples were Caucasian except one female client who identified herself as Asian. The Asian female client behaved linguistically submissive to the therapist and was very polite; I wondered if this was a reflection of her culture. I question this because this same client proved that she could be assertive with her husband during the session. I wondered if this study could be applied to other cultures. All four of my participating therapists were Caucasians as well. Ultimately, I was able to retain them for this study because of the professional network in place. Sampling variations in this study were very limited but I was grateful to have any therapists participate in having their session's meticulously deconstructed by a researcher-peer. They were very brave.

## CHAPTER 4 RESULTS: PART I

### **Case of “What about Her Needs”**

This counseling session took place in May 2004 in a private practice setting in a large metropolitan city in Florida. The female counselor is an experienced licensed marriage and family therapist who had been practicing for 25 years. The couple had been attending marriage counseling for about seven sessions with this therapist and came over approximately every other week. They had not received marriage counseling before they saw this therapist.

### **Talk Time**

Thirty-seven minutes of the couple's session were analyzed. During this time 3,836 words or utterances were spoken. From this point on the reference to “words” will also include utterances. The female client spoke the least amount with 1,289 words, representing 31% of the talk time. The female therapist spoke 1,296 words, representing 33.79% of the talk time. The male client spoke the most with 1,351 words, representing 35.22 % of the talk time.

### **Female Client's Talk Time**

The female client spoke the most in the beginning and at the end of the session. She spoke in the beginning of the analysis when she described the marital problem and then at the end of the session, when, I believe, she realized that the issues she was concerned about had not been addressed, and she wanted to try again to present her major

concern. The time sandwiched between the ends is characterized by talk that mostly focused on his needs and represented little talk time for her. Her talk time was diminished for several reasons, all of which centered on power differentials. The interpretations of these power differentials have been described in detail with examples from the text to represent the analysis.

After the preliminary introduction to the session, the female client described the difference between how their marital relationship was in the beginning of their marriage as compared to their current relationship. The key concept centered on how she was accommodating to her husband's needs and wants in the initial phase of their relationship. She acknowledged the past asymmetry of the relationship in this excerpt. The following is one of the two segments in the analysis in which the female client had a significant opportunity to talk and was not interrupted.

- 1a. F: No because I think in the very beginning
- 2a. (.) I was very (.) I was not very assertive in how I
- 3a. <expressed> myself. (.) And I think I'm a lot
- 4a. more mature now. (.) When we got married
- 5a. whatever you wanted I would have said that's
- 6a. fine (.) because it would > not have bothered
- 7a. me < (.) but now I'm standing up more to
- 8a. what I really think (.) I want to do or what I
- 9a. like. (.) You know just- a lot of different things.
- 10a. (.) And I think that- I don't know if that
- 11a. causes a problem or not.=

12a. T: Yeah=

- 13a. F: Now if we had gotten married and we just
- 14a. had kids right away if he said (.) I'm going
- 15a. to take them hunting I would have said
- 16a. sûre wh^y not. (.) Even though in my mind I
- 17a. said well I'm not sure. (.) But I would have
- 18a. said ôh ôkây. (.) But no:w (.5) I'm going
- 19a. to- I >would feel like I< (.) would want
- 20a. to stand up for what I (.) < my opinions
- 21a. (.) my beliefs what I think(.)

The therapist used one minimal response (line 12a) in this segment and did not interrupt the female client, thus encouraging her to continue to speak. The female client expressed her perspective clearly. She acknowledged the personal change she made, which she attributed to maturity, and claimed ownership in her right to assert herself and have power in her marital relationship. During this segment of talk, there was not any competition of talk time between the two female speakers or with the male speaker.

However, as the session progressed the therapist began to constrict the response of the female client by asking leading questions that placed the responsibility for knowing what her husband was thinking and feeling about her. In an earlier session, the female client had explained that her husband did not share his thoughts and feelings with her and she felt she was left in the dark. The mention of a “class” in the following text is a reference to a class that the male client was taking for his professional development. The example demonstrated how the female client began to diminish her talk time due to the therapist’s linguistic behavior.

1. T: So here you’re saying Dee (.) he never
2. shared what was going on and nô::w he’s
3. sharing what’s going on. (.)
4. F: Not just with his class I’m talking about just
5. sharing with me if if he’s unhappy about
6. something (.) in the ma:rriage or if it is
7. something (.) with u::s or something he
8. doesn’t <share anything.> (.)
9. T: So how would you typically kno:w (.) that
10. something was going on for Wayne? (.)
11. F: His âttitu::de= [ the way ]
12. T:                   What [ would you ]

13. F:           he carries him
14. [self and his demeanor.]
15. T: [What would you no- ] what would you
16. notice about his demeanor? (.)
17. F: He has a scowl on his face. (.)
18. T: Okay=
19. F: >That's why sometimes I think he's just not
20. happy I don't know what's wrong. I don't
21. know if it is just the marriage or what. He will
22. take a walk< and and then and then > (.) my
23. neighbor will come up and say what's wrong
24. with him he's got such a scowl on his face=
25. I said I don't know= maybe he's just thinking
26. about a lot of stuff I don't knô::w.< (.)
27. T: Do you ever ask him when you - if tha:t's a
28. clue to you that something's up with Wayne?(.)
29. F: [ Most of all (?) just about ]
30. T: [ Do you ask him?]
31. F: I don't knô:w.(.) I just- it's kind of
32. automatic but I think that's just hî::m. (laughs)
33. (.)
34. T: Well wait a minute you ask him and he sâys I
35. don't know? (.)
36. F: No I don't ask [him.]
37. T: [You] don't ask him=help me to
38. understand how come you don't ask him.=
39. Here you see sô:metin going on: he's not
40. sharing it (.) Yo:u're wô:ndering apparently
41. what's going on = How come you don't ask
42. him?(.)

The assumption made in this example is that the male client is not required to be relational and the female client's job is to be the caretaker of the relationship. This

cultural script directs the therapist without her awareness. The therapist assumed that it is the wife's job to ask, not for the husband to tell. To be in a relationship means that everyone in it is required to be relational, which includes talking. Nowhere in this analysis is there a message to him from the therapist that it is his job to actually talk to his wife and that it is not his wife's job to do the relational work alone. After this excerpt the female client's answers became shorter throughout the transcript. She was interrupted or overlapped several times by the therapist (lines 12, 15, 30, 37), diminishing her talk time. Instead, the therapist pointed out to the female client that she was not being a good caretaker of the relationship (lines 19, 20, 22, 26-28) and by her silence reinforced the male privilege of not needing to respond to his wife. The message is clear from the therapist that he is to be pursued and she is to do the relational work by directing her to behave in an oppressive manner, both behaviorally and linguistically.

Another reason that the female client's talk time was diminished was the alignment the therapist assumed with the male client. The therapist appeared to make an extra effort at keeping the male client engaged in marital therapy in part by focusing on his needs at the expense of discounting the needs of his wife. The main theme of the next excerpt is the husband's needs. Previous to this excerpt there was a focus on how much the male client "worked" and how he needed more free time to reduce his stress level.

- 254. T: Now I I need to clarify something= Are you
- 255. Dee working the same number of hours that
- 256. Wayne is?=  
 257. F: No I work about twenty-four hours a week.
- 258. T: twenty-four = and you're working?
- 259. F: About forty.
- 260. M: forty-two to forty-eight.

261. T: okay would you agree Dee (.) that  
 262. because of your work schedule it does free  
 263. you up more?
264. F: Yes.
265. T: than than Wayne.

The previous section reveals the therapist discounting the female client's contribution of unwaged work, childrearing, and housekeeping and elevating the male client's position as the wage earner. She sets up her questions to value waged over unwaged work (lines 254-256, 258, 261-263, 265). This line of questioning by the therapist devalued the female client's contribution to the family and she did not speak very much again until the end of the analysis, which was also the end of the session. This is another example of how the female client's voice was silenced as opposed to that of the male client's by making inaccurate and gender-based assumptions. Although the female client answered yes (line 264) in agreement that she had more time than her husband, later in the discourse she explained how busy she was with the kids and with errands. Therefore her answer of "yes" appears to be one of courtesy.

The next excerpt of the analysis demonstrated how the female client's talk time was once again diminished. No one responded to her talk line (lines 181-182). The male client talked more because the therapist responded to his needs and asked him questions that indicated that she was interested in his story (lines 176, 188-190). The therapist also delivered minimal responses to him which encouraged him to talk (lines 178, 194). This excerpt started with the male client interrupting the female therapist in the middle of her talk.

171. M: [no no things things that are] (.) occurring  
 172. outside the marriage (.) as far as my activities  
 173. (2.0) are activities that she does not want to



174. be involved in (3.0) uhh (3.0) has produced  
 175. problems.(1.0)
176. T: >What kind of activities?< (.5)
177. M: The hunting and the fishing. (.)
178. T: okay yeah (.)
179. M: Because it interferes with her scheduling.  
 180. (3.0) (.hh) uh (1.0)
181. F: The only schedule I can think of is work  
 182. schedule.=
183. M: >\*yeah\*<=
184. F: I don't understand I just don't  
 185. [ (?) ]
186. M: [ But ]  
 187. [ at (.) but ]
188. T: [ Because you're hunting ] when you go  
 189. hunting  
 190. [ you go ] for days=
191. M [ right ]
192. M: [No jus- just] for one day (.) Las- last year  
 193. I went on a five day trip.=
194. T: okay (.)

The therapist did not address his interruptions of either herself (line 171) or those of the female client (line 186). The interruption by the male client was loud enough (line 186) to render the female's talk inaudible (line 185). One is left wondering what it was that the female client did not understand (line 184). Why was the therapist not interested in what she had to say? This appeared to be a pivotal point in the therapy session. The husband and the therapist ignored her as indicated by the lack of response from the husband in lines 186 and 187 and the lack of response by the therapist in lines 188-190.

By allowing interruptions, the therapist also allowed the male client to control the topic, thus giving the female client a chance to only give a few minimal responses because her talk time was decreased in this session.

The female client attempted to increase her talk time by interrupting the therapist. She raised her voice louder than that of the therapist in order to hold on to her turn. This is only one of the two times that the female client raised her voice and it was also a time she was able to keep her turn. Following the interruption made by the therapist (line 573), she made a short pause (line 573), and then quietly made a hedging comment, “I don’t know” (lines 573-574) before she continued. Certainly the minimal responses (lines 578-587) from the therapist supported her talk. Adopting the male linguistic style of dominant speech, particularly interruptions and using a louder voice, was effective in this particular example for her.

571. T: Okay all right would it be  
 572. [a-]
573. F: [HE GETS MAD] so it’s like (.) \*I don’t  
 574. know\* (.) it’s (.) sometimes I feel that when  
 575. he asks me about these things or says things  
 576. in counseling remember when you said  
 577. marriage is to be sâfe? (.5)
578. T: Um hum=
579. F: It doesn’t feel sâfe any more about sex (.)  
 580. it doesn’t (.) I don’t feel safe about any more  
 581. (.) I feel pushed I feel like it’s for his  
 582. satisfaction.= He want to get his rocks off and  
 583. sometimes I think I’m just < I don’t know >.  
 584. He keeps saying it’s for (.) it pleases < him >  
 585. that it pleases me but I don’t see that  
 586. happening.(.5)
587. T: Um hum=

588. F: I don't feel safe if it's just- I don't have that  
 589. safe fee:ling.=

The therapist's response to the female client's story is to not acknowledge the sexual violation that is taking place in this relationship (lines 579-586, 588-589). The female client's needs are minimized and her safety is compromised. What is missing is the fact that the therapist did not educate the couple about sexual boundaries. It is assumed that the therapist wanted to avoid confrontation with the male client, thereby avoiding this aspect of the conversation. The female client implied that she believed the counseling would address the lack of "safety" in their relationship (lines 576-577), but it did not. The end result of this segment in the discourse is that the female client was silenced. Since she did not get a response from the therapist, her talk time was diminished once again after this segment.

In summary, the cultural script of women having less talk time in counseling sessions of this nature is intact in this session. The excerpts shared in this section in which the female client's talk time was reduced was a result of not being given enough minimal responses by the listeners, interruptions into her talk turns, a patriarchal agenda of the therapist forcing the client into a question-answer exchange, and the use of assumptions about gendered power in relationships which included ignoring the importance of unwaged work and the presence of sexual boundary violations within the marriage.

### **Male Client's Talk Time**

The male client's talk time in this session was amplified in many ways. This amplification was demonstrated in that he introduced the topic that he chose. He complained of being on sexual "restricted duty" (lines 1b-8b) and talked about how he wanted more "petting" (lines 10b-14b). The female therapist gave him minimal responses

to encourage him to continue his talk turn on the topic (line 9b). The male client spoke without interruptions and freely paused throughout his talk (line 2b, 5b, 6b, 7b, 8b, 10b, 12b). The therapist asked clarifying questions (lines 15b-19b) to help develop his topic and restated his talk (line 21b) to make sure that she understood him thoroughly. She gave him the message through her linguistic behavior that she was actively listening and supported his topic development.

(The following numbered lines were designated as letter “b” in the results to differentiate them from the main discourse analysis. They came “before” the main analysis.)

1b M: Yeah and- the- that’s something I wanted to bring  
 2b up in this sêssion is that I feel like I’m on (1.0)  
 3b restricted duty here > in other words < (.) trying to  
 4b find some way to stimulate my wîfe to let her know  
 5b I’m interested (1.0) u::h (4.5) was a process now  
 6b I feel like it’s hands off. = I- can’t (2.5) you kno::w  
 7b (3.0) and (2.0) you know it’s like (3.0) > yeah okay <  
 8b (.) >what do you< what do you want me to \*touch\*? (.)

9b T: Okay (.) [ all right ]

10b M: [ u::m ] the::l (4.0) and (.) and <I gûess  
 11b in a way it’s been > kind of awkward I would- I  
 12b would still prefe::r (2.0) to do some heavy petting  
 13b every now and then! < and and that’s still a  
 14b struggle from time to time. =

15b T: Now do you- when you say that do you mean (.)  
 16b < that’s all >? (.) You would just like to do  
 17b heavy petting (.) without it <ending> < in > uh  
 18b intercourse? (.) um or are you talking about heavy  
 19b petting as foreplay? (.)

20b M: Heavy petting as foreplay. =

21b T: Heavy petting as foreplay. =

22b M: \* Right \* (.)

The following segment of talk demonstrated how the male client's talk time continued to be amplified. The therapist helped the male client develop his topic of choice thoroughly. Two minimal responses supported his talk (lines 26b, 28b). The therapist asked him the question (line 23b) if he thought his wife was not interested in "heavy petting" which had been clarified with him to mean foreplay before sexual intercourse. Sandwiched between two minimal supportive responses by the therapist (lines 26b, 28b) he complained about "getting resistance" from his wife (line 27b).

Throughout the transcript the therapist had not developed the topics that the female client had introduced. Some of the topics that she introduced included how her husband would get angry if she asked him to stop during kissing or oral sex, how her husband was not being relational with her including when she was talking, and how the wife's assertiveness created an imbalance in their relationship. With this in mind it seemed odd that the therapist would ask a question about the wife's sexual interest when she was still dealing with issues of her husband's lack of respect and equality in the relationship. The male client acted privileged and felt entitled to criticize the researcher (lines 29b-32b) "where these people don't even have lives except they're going to write a story or borrow somebody else's kids for their PhD," without being held accountable. Thus the therapist either avoided the confrontation or the criticism was out of her awareness (lines 33b-34b).

23b T: So you think you're hearing that she doesn't want that?

24b M: I I that's an opinion. I mean that's what I think. I mean (.) you know (.)  
25b through the time before we started here. How can I get her interested.

26b T: Um hum.

27b M: I'm trying things you know (.) and getting resistance.

28b T: Okay.

29b M: You know at at times I think I'm fighting with Parenting Magazine  
Better

30b Homes and Garden Working Woman and some other opinionated magazine  
31b where these people don't even have lives (.) except they're going to write a  
32b story or borrow somebody else's kids for their PhD.

33b T: So (.) is Dee quoting things out of magazines? Is that what you're  
34b suggesting?

In summary, the male client has followed the patriarchal script in claiming his linguistic privileges in relationships. He was free to control the topic, expected the female listener to show interest in his talk, expected her to give minimal messages to show support, and to not interrupt while he was speaking. The patriarchal script included his right to complain about things that he does not like such as sexual restrictions, as well as criticize the researcher whom he knows will listen to the audiotape. All of these speech characteristics affect how his talk is amplified. The female therapist and the female client also followed their gendered script to decrease their talk time in this segment, which gave him plenty of room for his.

### **Therapist's Talk Time**

Obviously, talk time is influenced by how you gain a talk turn and keep it. Although the patriarchal script for talk indicates that it does not matter whether a female listener is interested in the topic, it should matter to a therapist whether the clients are interested. After all, the therapist is being paid to be an expert in relationships. Ideally, this means that the marriage and family therapist should be in control of the topic. In order to do this s/he must have permission from the clients to guide the topics and talk turns. It appears that this therapist did not have permission for either of these linguistic privileges. The cultural rules are too intact: gendered rules of talk are so well rehearsed

by the time couples come in to the therapy room that it would be difficult to actualize any new kind of agreement.

This next account is an excerpt in which not the therapist but the male client was in control of the topic. The therapist appeared to adjust her talk to accommodate to his control. However, she attempted several times to be the director as in lines 277-82, 290, and 292-293. She fought to have talk turns because he interrupted her more than ever in the therapy room. In this particular segment it occurred at line 294 and 307. Sometimes he used his loud and/or angry voice to gain control of the talk turn, as evident in lines 89-90 and 99-100. The following is an example of the text in which there was a battle for the talk turn between the male client and both of the females in the room. The male client won the linguistic battle for talk time. This is representative of how males have more power in relationships with women so that even when women challenge men in their culturally sanctioned dominant linguistic behaviors they are frequently the ones who finally surrender. The talk of each individual male has been empowered and sustained by a history of patriarchal power so that overtime even the most assertive women succumb to its rule. The following text is an example of not only the battle for talk turns but also how both women succumbed to the linguistic dominant behavior of the male client.

277. T: what I'm also hearing you say Wayne is (.) if  
 278. I were doing the things outside of work that I  
 279. enjoy doing I would be a happier person.(.)  
 280. And if I were a happier person (.) we could  
 281. have a happier relationship with one  
 282. another.=

283. M: Possibly= you know like I'm looking at I  
 284. want to redo the bathrooms (.5) I want to  
 285. know she went and looked at sample homes  
 286. and found the tile she l::ked (.) I need that I  
 287. need that tile=

288. T: Um hum=  
 289. M: to do the bathrooms.=  
 290. T: okay now [ that's ]  
 291. M: [ uh ]  
 292. T: something  
 293. [different then that's a pro::ject. ]  
 294. M: [ okay BUT ]  
 295. M: BUT it's a project but it's something that  
 296. needs to be dône.=  
 297. T: Uh huh=  
 298. M: But I've asked her (.) go look around find  
 299. this tile buy samples so I know where to get it  
 300. at and what you're looking for= I bought  
 301. samples to bring home that (.5) you know (.)  
 302. the- these are things where I need hêlp with  
 303. [ I just ]  
 304. T: [um hum]  
 305. M: can't go out and do it on /my ô:wn\  
 306. F: But I've already told you Wayne=  
 307. M:<[I ] DON'T KNOW WHAT YOU LOOKED  
 308. [ AT ]>

### Interruptions

In this next section, extracts from the talk that related to interruptions are analyzed. The male client made the most interruptions, a total of 14 times, at the time that the other speakers had their talk turns. He interrupted his wife 6 times and the therapist 8 times. The therapist made 10 interruptions. Seven of her interruptions interrupted the female client and 3 interrupted the male client. The female speaker made 9 interruptions. She interrupted her husband 7 times and the therapist twice.



## Female Client and Interruptions

### Female speaker continued her talk turn by ignoring overlaps and interruptions

The female speaker struggled to have uninterrupted talk time in this therapy session. She was interrupted and overlapped more than anyone else in the session by both the therapist and the male client. This excerpt is an example of one of the few times the female client ignored the therapist's overlaps and interruptions into her talk turn.

133. F: > (?) I would probably (.) he called it  
 134. nagging but I just call it (.) it's not nagging it's  
 135. more like just (.) telling s- verbalizing what just  
 136. needs to be dô:ne.(.) I mean I have friends  
 137. that they talk to their husbands (.) even the  
 138. way they ta- the tone of voice is a lot worse(.)  
 139. but (.) they don't take it the wrong way= they  
 140. just say <o:h> (.) okay I know I need to get  
 141. this done. Maybe not today whatever. (.) or-  
 142. you know? = It's (1.5) I can't explain it. < (.)

143. T: okay  
 144. [ so your-]

145. F: [Men might call it] nagging but I jus- I jus-  
 146. before he does not like me to tell him so I  
 147. would write notes when I would go to wok  
 148. cause I said (.) well maybe my tone of voice  
 149. he won't hear my tone of voice (.) Maybe I'll  
 150. just write down and I'll write it on a piece  
 151. of paper and I say <plea:se> (.) you know (.)and  
 152. th- then before he would say oh  
 153. < I forgot > o:r this and that so I would write  
 154. nô:tes=

155. T: So [so]

156. F: [ I ]  
 157. [thought that might hep.]

158. T: [Did the notes bring] better results? (1.0)

This text indicated a malfunction in turn taking. First the female client explained how she did not understand why her husband labeled her communication “nagging” in lines 133-142 and 145-146. In this particular therapy session the “nagging” referred to the fact that she asked her husband to do a list of things around the house and at times she also wanted him to facilitate a list made for the kids.

The therapist wanted a talk turn as indicated by her attempts at a turn by interrupting (lines 143-144, 155, 158); but the female client overlapped her speech and continued with her turn (lines 145, 156-157). It is easy to conclude that the female client was continuing her turn as indicated by the absence of pauses (lines 142, 154, 156-157) and the continuity of her talk (lines 133-142, 145-154, 156-157). The therapist finally interrupted the female and continued talking in line 158. Previously, the therapist attempted to interrupt but stopped talking (lines 144, 155) when the female client did not retreat and continued with her turn. Apparently, this dominant linguistic behavior was effective for the female client.

### **Female client raised her voice to hold on to her turn**

The next segment of talk is an example of the only time that the female client raises her voice, and she does it to hold on to her turn. She wanted the therapist to know that her husband gets mad with her if she tells him to stop with his compulsive cunnilingus activities. The female client interrupted to ensure that the therapist understands that she does not view their marriage as being sexually “safe.”

567. F: [ Sometimes ] I like the intercourse (.)  
 568. you know sometimes that's a little nicer (.)  
 569. than to keep going on and on and on with the  
 570. oral sex. (1.5)

571. T: Okay all right would it be  
 572. [a-]

573. F: [HE GETS MAD] so it's like (.) \*I don't  
 574. know\* (.) it's (.) sometimes I feel that when  
 575. he asks me about these things or says things  
 576. in counseling remember when you said  
 577. marriage is to be safe? (.5)

This interruption was effective in that it gave the female client a talk turn to express her concerns about the lack of safety in the marriage as it related to their sexuality. I think her interruption was effective because she became very loud until she was able to hold on to the turn and share something that she considered important.

### **Female client interrupted her husband**

The female client interrupted her husband five times during the analysis. The first interruption by the wife appeared to be out of frustration as indicated by the topic discussed. Specifically the husband complained about how he did not have enough leisure time, and yet the story revealed many actions to accommodate his need for leisure. This excerpt revealed one in which the family accommodated and chose a vacation destination which offered deep sea fishing, which the husband wanted to do.

100. F: >That's why we went to XXX Beach with  
 101. the kids because he said XXX Beach is big  
 102. on fishing.< (.5)

103. T: okay =

104. F: >So I said okay I'll try XXX Beach.= I  
 105. picked the hotel we were going to go on < =

106. T: okay=

107. F: > and he never went deep sea fishing= He  
 108. thought it was too much money. (1.0) <

109. M: But I went fishing in the mornings and out  
 110. to s- [ surf went down to the pier.]

111. F: [ You know he had that] perfect  
 112. opportunity and he didn't go:.=

113. M: But (.) that was fine. = I had no other  
 114. complaints. (1.0)

The female client's talk was supported by the therapist in lines 103 and 106 with a minimal response of "okay." The "okay" was supportive and not intrusive and not at the beginning of a turn. The male client began to talk after a one second pause after the female client spoke in line 108. She interrupted him (line 111) in mid-sentence (line 110). He continued to finish his sentence in line 110, and she finished her sentence in line 112. He took another talk turn in line 113 and line 114 immediately after her last word "go" in line 112. It is interesting that his statement is that he had "no other complaints" (lines 113-114), as if the vacation, or even the topic in session, were all about his needs. He did not acknowledge his wife's frustration with his behavior about the vacation or her frustration with his communication in session, as indicated by a long exhalation after this exchange. He also did not acknowledge that his wife and children accommodated his leisure needs and then he did not take advantage of it.

### **Male Client and Interruptions**

#### **Husband interrupted his wife and took her talk turn**

The following are two different segments of talk in which the male speaker interrupted the female speaker to steal her talk turn (lines 186, 188, 192). Prior to this first example, the male client had shared that he believed his wife had a problem with his taking time out for himself because she felt that it interfered with her schedule. She seemed baffled by this comment and stated that she does not understand why he would say such a thing (lines 184-185) since she had encouraged him to have more self-time and make male friends. Interestingly, the therapist interrupted the male client immediately following his interruption of his wife (lines 188, 225). The therapist is

successful with two interruptions because she was able to keep the turn. Nonetheless, the female client never completed her turn and many of her words were not audible to document in the analysis because the interrupters were louder than she was.

Segment A:

184. F: I don't understand I just don't

185. [ (?) ]

186. M: [ But ]

187. [ at (.) but ]

188. T: [ Because you're hunting ] when you go

189. hunting

190. [ you go ] for days=

Segment B:

222. F: You know?

223. [He (?) ]

224. M: [That I don't] I have no

225. T: [That's not] your preference?

The following is an example of three consecutive interruptions by the male client while the female client had her talk turn. Although she is interrupted she continued to talk but her message was not delivered because it was not audible as designated by the (?) marks. The voices of the interrupters were louder than her voice (lines 310, 314). In the first case the male speaker interrupted her in mid-sentence (lines 307-308, 311, 315-316) and spoke in a very loud, slow, and deliberate fashion. He tried to cut her talk short with the words "I still" (line 311), and then another interruption in the middle of her sentence with the words "I'm just" (line 315). The power dynamics continued to be played out with interruptions by the male client of the female client's talk turn. His words "I still" seem to mean, "I still want the tile even though you say no." And "I'm just asking" means again "I still want the tile even though you say no." Either way, he wants to do

what he wants to do, regardless of her reasons to the contrary; he dominated the conversation with linguistic power moves.

306. F: But I've already told you Wayne=

307. M: <[ I ] DON'T KNOW WHAT YOU LOOKED

308. [ AT ] >

309. F: [ No ] I've already told you why should we

310. put tile in the in the (.5) in the bathrooms

311. when the painting is not done but outside the

312. house when [ (?) ]

313. M: [ I still ]

314. F: over a year and it has not been done.=

315. You need to finish one project before you start

316. another one (.) and that's not a hard

317. [ (thing?) to do. ]

318. M: < [ I'm just ] asking where the tile is>

319. [ I'm asking ]

### **Male client corrected the therapist with interruptions**

The male client interrupted the female therapist seven different times in this 37-minute analysis. Two segments of these interruptions were made to correct the therapist. Both of these interruptions started with the word "No." He chose to interrupt in mid-sentence instead of waiting until the therapist completed her turn; thus claiming male linguistic privilege. One of these interruptions was chosen as an example.

161. T: [okay now] Now hold on a minute cause

162. I'm a little confused with what you just said

163. Wayne(.) umm (.) you said I think if I were

164. <busier> she would be more happy= Now

165. whe- when you're thinking busier what are

166. you thinking about? (.) Are you talking about

167. activities outside the marriage? = If you were

168. (.) engaged in ho:bbies and had your own

169. inter [ests what ar- (.) what are you talking

170. about?]

171. M: [ no no things things that are] (.) occurring  
 172. outside the marriage (.) as far as my activities  
 173. (2.0) are activities that she does not want to  
 174. be involved in (3.0) uhh (3.0) has produced  
 175. problems.(1.0)

This type of interruption is documented in the analysis on line 171. The therapist repeated the words “what are” in lines 169-170 during the time the male client interrupted. There was no pause until after the interruption (line 169) so that the male client would not have mistaken this for the end of her sentence. The therapist shortened the word “are” and then repeated the previous two words after the male client interrupted her. It was difficult for her, as it is for others, to complete her turn without some signs of stress due to the aggressive nature of the male linguistic behaviors. The male client used other dominant linguistic behaviors by repeating his correction (line 171) “no no” and then repeated the following word “things things” (line 171) in order to steal the talk turn and dominate the conversation. Interestingly, the therapist continued seven and one half words after the male client interrupted her so that she could finish asking her question. This interruption and dominant linguistic behaviors supporting it were never addressed in therapy.

### **Male client battled for control of the topic**

The next excerpt of talk is an example of an interruption by the male client into the therapist’s turn, which in turn exposes a battle to control the topic. Previous to this excerpt the therapist attempted to have the male client speak about interests that he could engage in so that he could have more leisure time and be happier. In addition, he had complained about having to do work around the house so the therapist led him to discuss hobbies that did not require work. The therapist connected his happiness with the happiness and quality of his marriage. The male client responded to this in line 283, and

ignored the topic. Instead of responding to this lead he insisted on using his turn to pressure his wife to give him the “tile” information.

283. M: Possibly= you know like I’m looking at I  
 284. want to redo the bathrooms (.5) I want to  
 285. know she went and looked at sample homes  
 286. and found the tile she liked (.) I need that I  
 287. need that tile=

288. T: Um hum=

289. M: to do the bathrooms.=

290. T: okay now [ that’s ]

291. M: [ uh ]

292. T: something

293. [different then that’s a pro::ject. ]

294. M: [ okay BUT ]

295. M: BUT it’s a project but it’s something that

296. needs to be done.=

297. T: Uh huh=

He did not allow the therapist to direct him and he certainly did not allow her to redirect him as evidenced in lines 290, 292-293. She initially responded with a minimal supportive message (line 288). He apparently was not done with his statement so that he continued immediately after her minimal response (line 289). The therapist was interrupted with his “uh” (line 291) but she continued, although he interrupted again (line 294). He repeated the word “but” twice and spoke very loudly in order to steal the turn away from the therapist. These aggressive linguistic moves assured him that he would be able to continue to speak. In this linguistic battle she resigned herself for control of the topic and simply replied with another minimal response (line 297). It appeared that she acquiesced because she continued to allow him to speak about this topic and did not



speak again for another 22 lines at which point she quietly asked him a simple, clarifying question.

### **Interruption to signify rejection of request**

Previous to the following excerpt, the male client declined the idea of pursuing a hobby or interest for himself and declared that he lost his motivation in life because his marriage had become less physical. He believed that if he had a more active sex life he would become energized, even though he implied that it would take a period of time for a difference to occur with his energy level. The therapist did not challenge this premise and asked for more clarity instead. However, the male client rejected the therapist's request after she asked him to be more specific about his needs.

499. M: What am I asking for specifically? =

500. T: Um hum =

501. M: A little bit more affection. (.)

502. T: Okay now I want you to be more specific.

503. (1.0) okay because she may think she's

504. giving you a little bit more affection [ (?) ]

505. M: [ It has been ]

506. T: [ And apparently you- ]

507. M: Tremendous- it has gotten tremendously

508. better and I'm not going to argue that

509. [ fact. ]

The male client repeated the question that the therapist had asked him in line 499 and the therapist signaled agreement in line 500. He answered the question in line 501. However, when the therapist asked for more specification and attempted to explain why this was important, the male client interrupted her explanation (line 504) and spoke louder and at the same time so that the words of the therapist were not audible. The

therapist again tried to continue with her turn (line 506) but he continued to speak until she stopped (line 506) and he continued to talk for three lines (507-509).

## **Therapist and Interruptions**

### **Interrupting with “okay”**

The word “okay” was used as a minimal supportive linguistic gesture by the therapist to signal attention to the speaker’s contribution. When she used the word “okay” as a minimal supportive message it was not loud or obtrusive and did not alter the speaker’s turn. However, the therapist also used the word “okay” as a preface for her turn. In a sense, she used it as a notifier word which signaled to everyone that she wanted to have a turn to speak and at the same time she was able to test the waters to determine if it was permissible to take a turn. On the other hand, the “okay” could be delivered with force and interpreted as a demand for a turn. This type of linguistic behavior would not be necessary in collaborative language in which there is harmony between the speakers and listeners. The following is an example in which the therapist used the “okay” to notify the listeners that she was going to speak.

447. M: Uh it’s too hot for that now unless I go to  
448. the beach. (1.5) But if I’m off I’ll take the kids  
449. with me to- to go to the beach for the morning.  
450. (3.0)

451. T: Oka[y]  
452. M: [ But ]as far as anything else goes right  
453. now there is n- nothing except for me just  
454. trying to get ahead on the bills. (.5)

455. T: Okay would it be helpful to find some kind  
456. of hōbby to do in the summer time when it’s  
457. off season for hunting?(1.5)

Frequently, the therapist began her speech with the word “okay” (lines 451, 455).

The first “okay” was spoken alone (line 451) while the second “okay” was spoken as a

preface to her talk turn (line 455). Throughout the transcript, this particular therapist frequently started her talk with the word “okay” so that the couple in the session had experienced her speaking style. Notice in line 450 that three full seconds had elapsed after the male speaker completed his turn (lines 447-450). It was time for another speaker to speak. The therapist’s use of the word “okay” was not a minimal supportive response as too much time had elapsed after the previous speaker. A minimal response is placed during a speaker’s turn or immediately following it so that the therapist was using the word “okay” to start her talk turn. The therapist began her turn (line 451) with “okay” but stopped because the male speaker interrupted her and took another turn (lines 452-454). The therapist retreated by remaining silent and allowed the male speaker another turn to talk.

The therapist quickly interjected a second “okay” as a preface to her after a short .5 second pause (line 451). The therapist was attempting to not lose another turn so she quickly responded after the male client spoke. This excerpt is a good example of how talk turns are often strained in mixed gender talk and how women frequently find themselves vigilant in seizing an opportunity to talk. The second time the therapist said “okay” she continued to speak for a full turn (lines 455-457). She did not repeat the notifier word “okay” or any other word, she did not stutter or cut off words and she was not interrupted. She continued to speak a full turn and paused for one-and-one half of a second before she received a one word answer from him.

The therapist brought with her the cultural practice of talk in mixed gender conversation and therefore acquiesced to male dominant linguistic behaviors. In addition, the couple brought with them the cultural practice of women accommodating men in a conversation, and so it was expected that the therapist would back down and allow him to

dominate the speech. This therapist apparently developed the habit of using a notifier before she took a turn to talk. Based on how this notifier was received, as demonstrated in lines 451 and 455, she decided whether or not she would continue to speak. She could have started her question with “Would it be helpful” and dropped the “okay” in line 455 had she had the experience that a notifier or sensor was not necessary before she spoke.

### **Therapist is permitted to interrupt the female client**

The therapist interrupted 10 times during the 37-minute analysis, 6 with the female client and 4 with the male client. The interruptions with the female client were abrupt and leading. This behavior was *not* noticed when the therapist related to the male speaker. The therapist’s agenda seemed to paint the female client as the accommodator and the male client as the privileged one, as evidenced by the two examples chosen. The focus of the talk by the therapist and the direction by the therapist were about the wife reading the husband’s behavior and why she did not inquire about her husband’s emotional state. A nonpatriarchal position would be to direct the husband to speak about what was bothering him and educating him that this was his responsibility in a relationship, and reassure the wife that it was not her job to be the caretaker and waste her time mind-reading or analyzing her husband’s behavior.

9. T: So how would you typically know (.) that
10. something was going on for Wayne? (.)
11. F: His attitude= [ the way ]
12. T: What [ would you ]
13. F: he carries him
14. [ self and his demeanor.]
15. T: [What would you no- ] what would you
16. notice about his demeanor? (.)

\*\*\*

27. T: Do you ever ask him when you - if tha:t's a  
 28. clue to you that something's up with Wayne?(.)
29. F: [ Most of all (?) just about ]
30. T: [ Do you ask him?]
31. F: I don't knô:w.(.) I just- it's kind of  
 32. automatic but I think that's just hî::m. (laughs)  
 33. (.)

In these two excerpts the interruptions of the female client were represented in lines 12, 15, and 30. The therapist asked leading questions (line 9, 10, 12, 15, 16, 27, 28, 30) in which she ultimately held the female client responsible for extracting the talk from her husband. In between these two excerpts the female client explained that her husband had a chronic scowl on his face and that it was significant enough for even their neighbor to notice. She explained this and her uncertainty of his happiness in the marriage; but she does not know for certain because her husband does not talk with her about his thoughts and feelings. The husband described himself as a man of few words because he does not have anything to say. Relationships and marriages require one to communicate thoughts and feelings with each other. It is also important because it is how conflict gets negotiated to resolution. A claim to not be relational after choosing to be married is another cultural script that is out of the awareness of the therapist. Once again, a woman is being held accountable to do the work in the relationship.

### **Therapist interrupted in an attempt to direct the session**

Twice in the analysis the therapist interrupted the male client (lines 366-367) immediately after he interrupted his wife (line 365), almost as if it was okay to do so since he did. In this excerpt the interruption by the therapist occurred only to support what was said previously.

363. F: Maybe it's not the kind of emotional kick

364. [ he wants. ]

365. M: [ Right = In other words ]

366. T: [ That's that's exactly ] what I'm trying

367. [ to get at. ]

368. M: [ right ]

Another example of the therapist's interruption into the male client's talk turn occurs in an effort to cater to his needs. The beginning of this text also demonstrated how the wife participated in this effort to take care of his needs. The therapist inquired further, with an interruption, to make sure she addressed the issue of getting his needs met. Note that the therapist stuttered her interruptions (lines 477, 480), as if she was uncomfortable using dominant linguistic speech behaviors.

472. F: So what if he is busy in the week (?) just

473. go on the weekend.

474. M: Well there's other factors involved like

475. Tom wanted to go also. (5.0) I

476. [ don't know It ]

477. T: [ How would you ] how would you like to

478. spend \*time (.) for yourself right now?\* (1.0)

479. M: Right now? =

480. T: In off in off season hunting (4.0)

The next example in the text shows the therapist interrupting the male speaker to make certain he is comfortable talking to her about sex. It is revealed in this transcript that the main reason he came to marriage counseling was so that he could address a not-enough-sex-problem.

520. T: ~ \*Can you talk more specifically are you

521. comfortable enough to talk about that in here

522. with me?\* ~ (2.0)

523. M: We:.[ 11 ]

524. T: [ Or do you know ]

525. M: uh [ well ]

526. T: [It- it-] it's okay if you're no:t comfortable.(.)

527. M: I have no problems with it. (.)

I believe that the therapist was more uncomfortable talking with him about sex than he was. The therapist stuttered during the interruption as she addressed the male speaker (line 526).

### Overlaps

Typically in mixed gender conversation males are more likely to have more overlaps than females, ready to dominate the talk. The assumption is that there is an over-anticipation that occurs in preparation to take the next turn to talk. It is not considered an interruption since it is an overlap of the speaker's last word or part of the last word. Included in this section are identified overlaps in which the speaker overlapped the last word of the previous speaker and also overlaps in which two or more speakers began to speak at the same time and continued, which is not considered a dominant linguistic feature in this study. In addition, it appeared that some of the overlaps that occurred in this case indicated a malfunction in turn taking rather than an overanticipation. In this case analysis, the male did not have any overlaps, although he was involved in eight of the eleven segments in which two or three speakers spoke at the same time. Out of the eleven overlaps in which two or three speakers spoke at the same time, three occurred between the therapist and the female client, two occurred between the husband and wife, five occurred between the therapist and male client, and one occurred between all three of them. The male client's lack of overlaps and having less than either the female client

or the female therapist was not consistent with the research of mixed gender talk. The female client overlapped the male client once and overlapped the therapist three times. The therapist overlapped the male client twice and the female client five times, totaling seven overlaps. All three spoke at the same time once during the analysis. The overlaps were not divided into female, male, and therapist overlaps but instead they were organized around the function of the overlap.

The female overlapping the therapist included three segments of talk; two were the result of preceding pauses which then created time for a new speaker. The female speaker and the therapist began at the same time. The overlap of the female into the male talk time was difficult to classify because it was more of an utterance, a long drawn out “oh” which occurred after the male client had just begun his turn. The therapist’s overlap of the female client included one pause and four over anticipations to take a turn. This meant that the therapist was ready to speak and take the next turn after the last word of the female client. The therapist overlapped the male client only twice by over anticipating her turn. The ratio of five to two seemed important in that the therapist was more willing to chance an interruption with the female client than with the male.

### **Overlap Signifying an over Anticipation of a Turn**

Many overlaps occur when the listener over anticipates their turn to talk. The listener wants to speak and waits for the right time to do so but sometimes they begin too soon, especially if they want to be sure to grab the next turn. This is reflected in overlapping the last word or part of the last word of the speaker. The following is an example of this. In this particular case the therapist overlapped the last word of the female client.



34. T: Well wait a minute you ask him and he  
 35. sâys I don't know? (.)
36. F: No I don't ask [him.]
37. T: [You] don't ask him=help  
 38. me to understand how come you don't ask  
 39. him.= Here you see sô:methin going on:  
 40. he's not sharing it (.) Yo:u're wô:ndering  
 41. apparently what's going on = How come you  
 42. don't ask him?(.)

The therapist asked the female client a question in lines 34 and 35. The female client answered in line 36 but the therapist overlapped her talk in line 37. The last word of the sentence from the female client was “him” and the first word of the sentence for the therapist was “you;” these two words overlapped each other. The therapist over anticipated her turn. Her aggressive questioning style with the female client indicated the therapist had an agenda and was anticipating her next response. The agenda of the therapist for this segment of talk was that the wife was in charge of pursuing her husband's emotional report.

Another example of over anticipation of a turn took place between the male client and the female therapist. The male client spoke for a long period of time, 16 full lines.

The therapist was anticipating her turn as indicated by this overlap.

83. ...(1.0) And I kind of would like to get back to  
 84. that (.) energetic level I was 10 years  
 85. [ago.]
86. T: [okay] What would that what would that  
 87. take to do that?(.5)

The therapist used the word “okay” to notify him that she was taking a turn (line 86). She overlapped her word “okay” with his last word “ago” (line 85) in his sentence. Overlapping the previous speaker's last word is a way of ensuring the next talk turn.

## Malfunction in Turn Taking Rather than over Anticipation

The next example of the text is an example of several overlaps that are intermingled with interruptions. The turn taking was not working at this point in the session. It began when the male client had shared how he was not feeling energetic as he had in the years past and he explained that it was because he was not doing some of the things that had given him pleasure. The therapist rephrased his explanation in order to be sure that she understood his message. Next, the therapist asked the male client that if he chose to do something that he felt passionate about how would this affect his relationship with his wife? He did not answer this question but instead explained that she would be happier if he were busier doing more work around the house. The female client shared her perspective that her husband “does not like me to tell him” and he would forget, so she tried writing notes.

155. T: So [so]

156. F: [ I ]

157. [thought that might help.]

158. T: [Did the notes bring] better results? (1.0)

159. F: um (.) sometimes (.5)

160. [sometimes yêah]

161. T: [okay now] Now hold on a minute cause

162. I'm a little confused with what you just said

163. Wayne(.) umm (.) you said I think if I were

164. <busier> she would be more happy= Now

165. whe- when you're thinking busier what are

166. you thinking about? (.) Are you talking about

167. activities outside the marriage? = If you were

168. (.) engaged in ho:bbies and had your own

169. inter [ests what ar- (.) what are you talking

170. about?]

171. M: [ no no things things that are] (.) occurring

172. outside the marriage (.) as far as my activities

173. (2.0) are activities that she does not want to  
 174. be involved in (3.0) uhh (3.0) has produced  
 175. problems.(1.0)

The therapist quickly slipped in the word “so” before the female speaker could complete her turn (line 155). Despite this interruption she continued with her turn (lines 156-157). The therapist interrupted again in line 158. The first overlap in this example that was not considered an interruption was in lines 160-161 when the therapist apparently thought that the female client was done answering the question that she had proposed to her. The therapist did not stop talking when it was obvious that the female client was not done with her response (lines 159-160). This could have been counted as an interruption or an overlap because the speaker paused for one half of a second and then she reinforced her answer at the same time the therapist began speaking again. It is assumed that the therapist had considered her question answered and that she thought the female speaker was done; because of this, they overlapped. This segment ends with the male client interrupting the therapist’s talk in mid-sentence. During this short segment of talk there were three interruptions and one overlap, all signaling a malfunction in turn taking rather than the speakers over anticipating their turn.

### **Both the Husband and Wife Answer the Question at the Same Time**

The next segment will highlight when an overlap occurred when both the female client and the male client answered a question from the therapist at the same time. Preceding the following excerpt, the therapist announced that she was shifting the focus of the session. This occurred immediately after the female client described monitoring behaviors of her husband. After “shifting the focus” as the therapist suggested, the therapist redirected the “focus” back to how the husband was going to spend more leisure time for himself. This was done at the expense of the female client sharing her concerns

about her husband's controlling behaviors. After the focus was shifted back to the male client, he began to speak about how he could not hunt because hunting season was shut down. The wife offered a suggestion about fishing and he responded this idea was not viable because it was "too hot. Next, the male client concluded that there was nothing for him to do except to get ahead on the bills, essentially dismissing the idea that he needed a hobby for leisure. The following is the next question that is asked of him.

456. T: Okay would it be helpful to find some kind  
 457. of hobby to do in the summer time when it's  
 458. off season for hunting?(1.5)

459. M: [ \*fishing\* ]

460. F: [ How about ] bicycling? (.5)

Both the male and female client responded to a question asked by the therapist and did so at the same time (lines 459, 460), although the question was directed to the male client. The pause after the question was 1.5 seconds (line 458) so that a new speaker could take a turn. Both the female and male client answered the question at the same time. Therefore, this overlap in talk was labeled as a malfunction in turn taking rather than an overanticipation of a turn. If there was an overanticipation, one of the speakers would not have waited for the pause and the last word would have been overlapped. It is noteworthy that although the male client responded with the word "fishing" in a quiet voice, this idea was already disregarded by him when his wife suggested it earlier in the transcript. Therefore, all the suggestions that were offered by the two females in the room were not considered serious options.

### **Overlap Due to Two People Starting Their Turn at the Same Time**

Another example of two speakers speaking at the same time occurred between the therapist and the female speaker. The male speaker completed his turn and recounted

how he felt that his main duties in the family were to be the “maintenance man and the bank.” Previous to this he spoke for 10 full lines followed by a quiet supportive minimal response by the therapist. The next segment highlighted the overlap of a turn.

381. M: Tha::t's the emotional that I'm getting okay

382. I'm just the maintenance guy here. I'm I'm I'm

383. the I'm the bank. I'm the maintenance man.

384. uhhhhh (2.0)

385. T: [ okay let- all right let's talk ]

386. F: [ But a lot of husbands a lot of husbands]

387. don't see it that way. They see it as this is my

388. house I want to have pride in it. I want to ...

The male client spoke about his limited role as a husband in lines 381-383, then he made a long utterance (line 384) with an exhalation followed by a 2 second pause (line 384). The drawn out word (line 381), the repetition of words (line 382), and the utterance with a long exhalation (line 384), all indicate that he had linguistic privilege to take his time to share his thoughts without the worry of anyone intruding into his turn. Two complete seconds elapsed after he completed his turn (line 384), at which time both the female speaker and the therapist began to talk. It seemed that they had resigned themselves to just be the listeners since he had had so much talk time as indicated above. Both of the speakers began simultaneously and had some awareness of this because they repeated themselves in order to hang on to the turn (lines 385-386). In this case the female client overpowered the therapist and won the turn to talk because she continued to talk (lines 386-388). Actually the female client spoke until line 397, amounting to 12 full lines. The therapist once again used the word “okay” to announce that she wanted a turn (line 385).

### Overlap because all three speak at the same time

This excerpt is an example of overlaps in which all three of those present for the therapy session spoke at the same time. They were not considered overlaps since they all began at the same time. Previous to this segment the male client had explained that he needed his wife to give him an “emotional kick” because he suffered from a lack of motivation and procrastination. The segment began with the therapist making an observation about their relationship that appeared to get everyone’s attention and showed active participation in the topic. Two talk episodes followed in which all three speakers spoke at the same time. No one speaker started before the other and the talk was overlapped.

352. T: Okay and what would that look like (.) or

353. sound like? (2.5) An- she’s giv- I I I think

354. she’s giving you a kick right no::w.

355. F: ((laughs))

356. M: [ Yeah but but see that’s ]

357. F: [ He wants (?) I don’t kno:w. ]

358. T: [ And and I think she’s giving]

359. you a swift kick (.) in the

360. [ bùtt right now. ]

361. F: [ ((laughs))]

The male responded in line 356 to the therapist’s statement about needing an emotional kick (lines 352-354); the female responded at the same time in line 357, and the therapist began another turn in line 358. All three of the speakers overlapped. After this sequence they all concluded that the male client wanted a different kind of “emotional kick” from his wife. Seemingly, they all collaborated on the assumption that it was the wife’s job to do this. The therapist interrupted the male speaker once, just after

this segment, and then he took the turn back and spoke for 14 lines about his anger about being told what to do by his wife.

### **Collaborative Speech**

The only collaborative speech identified in this analysis took place between the male client and the therapist. There was no collaborative talk between the female client and the therapist or the female client and the male client. This is supportive of the perception that the female therapist paid special attention to the male client in order to gain his approval and desire to return to marriage counseling. Here is another microcosm in which the female does the relational work. She did not give the female client the same attention as evidenced by this analysis. I included the text prior to and after the collaboration in which the same topic was developed by the male client and the therapist in order to understand the surrounding framework wherein this supportive talk developed. This collaboration occurred after the female client was corrected and admonished by the therapist in that she made a poor choice by not asking her husband what was wrong with him. She was basically told by the therapist that it was her job to read his body language and pursue an emotional status report.

533. F: [ I think ] I know

534. what he's talking about (.) BUT at the same

535. time when you talk about [ (?) ]

536. T: [Well wait ]

537. T: [ Okay ]

538. M: [ #( ? )# ]

539. T: You think he know- you know what he's

540. talking about but you don't know so you got to

541. check that out. (1.0)

542. F: \* um hum okay \*

543. M: >Like I said< (.5) as far as as a physical  
 544. (?)I would like to kiss more no okay French  
 545. kissing is fun a little bit is okay but still you pull  
 546. away from me just even regular kissing. (2.0)  
 547. In in the bedroom as far as (.) oral goes there  
 548. are things that (.) that you don't want to do  
 549. which is fine (.) I have no problems with that  
 550. (.) But there are things that I'm doing that I  
 551. enjoy (1.0) that I don't want to (3.0)

552. T: stop

553. M: stop I want=

The female client was interrupted and silenced by the therapist (line 536). Her speech was inaudible due to the interruption. Neither the therapist nor the male client responded to what the female client had said, if they heard her. If they did not hear her, neither asked her to repeat what she had just said. Instead, the therapist attempted to take a turn but after her interruption both the therapist and the male client spoke at the same time so that there was an overlap (lines 537-538). The minimal response was spoken quietly after she was corrected by the therapist (line 542). Following this quiet response, the male client took a long turn with five pauses without interruptions or overlaps. He paused for one second (line 551), said "that I don't want to," (lines 551-552) paused for another three seconds (line 551), and then the therapist completed his sentence (line 552); he then included the word in his next phrase (line 553). It appeared that the therapist silenced the female client's voice and then gave the male client more talk time and also supported his topic with collaborative talk.

### **Minimal Responses**

The female client delivered three minimal responses to the therapist to support her talk and none to her husband. The male client delivered two minimal responses to the therapist to support her talk and none to his wife. The therapist delivered 29 minimal



responses; 7 supported the female client's talk and 22 supported the male client's talk. The lopsidedness in the ratio of the female to male minimal messages by the female therapist is typical of mixed gendered talk. Women are more likely to support the male speaker with minimal responses, and apparently, this includes the therapist as well. The results reported for minimal responses were subdivided into five subsections. These subheadings share the story about how minimal responses were used in the therapy session and how power is central to the story of linguistic differences between men and women in mixed gender talk. It should be noted that neither the husband nor the wife delivered minimal support messages to each other during the session. This would seem typical for a couple who are in a relational power struggle. It is unknown whether or not the disproportionate amount of minimal responses from the therapist to the male client affected the lack of supportive messages from the wife to the husband. Based on the theoretical position of this paper, it is assumed to be a dominant linguistic feature for the husband to withhold minimal supportive messages to his wife.

### **Female Client and Minimal Responses**

The female client delivered three minimal supportive responses and all three supported the therapist. This excerpt demonstrated a minimal response that was delivered at a time when one would not expect it. Prior to this segment the female client had explained how controlling her husband was of her.

421. T: Okay let's shift the focus

422. F: I don't understand.

423. T: to what a solution would look like okay

424. what needs to happen. You know what the

425. problem is (.) okay what needs to happen?

426. (1.5) What needs to be different about this?

427. (4.0) What needs to be different ha- about (.)

428. you getting some time and I'm hearing time  
 429. for yourself.=I'm also hearing cooperativeness  
 430. between the two of you (.) And I'm also  
 431. talking I- I- I'm also hearing about ho::w  
 432. requests are made.=

433. F: Um hum (.)

The “shift the focus” statement (line 421) basically meant that the topic was shifted back to the husband’s needs (lines 427-429), and the concerns that she had previously recounted were ignored. This is when the female client delivered a minimal response (line 433), a strange place to be supportive of the speakers message. She obviously did not understand why the therapist took this linguistic action because the female client stated that she did not “understand” (line 422) and this comment was ignored. The female client did not understand why the therapist was ignoring her concern and switching the focus. The therapist implied that the couple had a cooperation problem (lines 429-430) and a problem with how requests are made (lines 430-432). Based on the review of the transcript the cooperation problem would be that the male client did not cooperate in a relational way, but this was not addressed to him. The reference about how requests are made must relate to the way the female client would ask her husband to be more helpful at home, which the husband would not do, and this also was not addressed to him. It was implied that the female client was somehow at fault since the comments were addressed to both of them. Yet, the review of the transcript reveals that the wife made many different attempts to “request” his participation in household responsibilities and childcare and she stated that it was still a problem in their relationship. Still, she responded with a minimal response placed at an awkward time. The female client was supportive of the female therapist’s talk, as if she had an unconditional respect toward her.

Another minimal response from the female client to the therapist also seemed out of place because it occurred when the female client was being discounted. The female client revealed the lack of sexual “safety” within the marriage and the therapist responded with offering a survey to the couple. She treated the sexual violations by the husband as if it were a sexual preference problem. It seems strange that the female client would end this talk segment with a minimal response.

598. F: (hhhh) He would tell me things like o:::h I  
 599. don't want to stop I'm not done or (4.0) you  
 600. know things like that.= But if I'm not  
 601. comfortable it- I just- then I think to myself  
 602. okay we're going to counseling he wants me  
 603. to do this and then I feel (.5) like I'm doing it  
 604. because of what he: wants not because he's  
 605. trying to please me and he's trying to sa:y  
 606. th^at.=

607. T: Um hum=

608. F: But it's not working out that way= It's  
 609. working the opposite way (.) Sometimes it  
 610. would turn me ôff. (1.5)

611. T: Um hum okay (.) I have a um (.) survey  
 612. that I can give the two of you that I think  
 613. would be <very> helpful.=

614. F: Um hum

The female client shared her complaint in lines 598-606. The therapist gave her a minimal supportive message in line 607 and so the client continued to share (lines 608-610) because she was supported. The therapist responded again with a minimal response (line 611) after 1.5 seconds lapsed after the female client's turn. It was time for the therapist to respond to her concerns. However, instead of directing an empathetic response to the female client, the therapist directed her response to the couple and referred their problem to a survey (lines 611-613). Although the clinician had been

practicing for 26 years she was not informed by feminist research. The female client referenced the counseling sessions as if she trusted that there would be proper guidance from the therapist on this issue (line 602). Basic sexual safety rules were not addressed, like the right to say “No” or “Stop,” to know that this is to be honored, and that it is unacceptable for her husband to get angry because she says no to sex. Instructing a couple about emotional leveraging is always helpful; he does not get to use emotional power tactics to have his way. Therefore, the minimal response by the female client (line 614) seemed out of place in response to the therapist’s discounting her talk and the serious nature of her statements.

### **Male Client and Minimal Responses**

**Sparse use of minimal responses by the male client.** The male client did not deliver any minimal responses to his wife during this analysis and delivered three to the therapist. The lack of minimal responses for his wife indicated a lack of support for her talk. All three of the minimal responses that he delivered were supportive of the therapist in talking about his needs. He was quick to give the supportive responses; unlike most of his other speech, which was slow and deliberate. The following are two of the three examples of the minimal responses from the male client.

115. T: okay Now [if you ]

116. F: [(h h h h)]

117. T: were feeling more energetic (.) and and  
 118. what you’re telling me is the energy would be  
 119. coming from you doing some things that give  
 120. you pleasure. (.5)

121. M: Um hum (.5)

The female client exhaled loud and long enough to be audible in line 116 during the therapist’s turn (line 115). The therapist had not responded to the female client (lines

115-120) but instead redirected the topic back to how the male client could feel more energetic by doing things that gave him pleasure. This loud exhalation at this time was interpreted as a sign of frustration. In line 121 the male client gave the therapist a minimal response to support her statement that he needed to have more pleasure which would give him more energy.

The following segment revealed another minimal response from the male client (line 489) supporting the therapist's understanding that the more sex with his wife the more energized he would be (lines 486-488, 490-491). Even though the "um hum" (line 489) overlapped the word "and" (line 488) in the middle of her turn it was not considered an interruption since he supported her talk.

486. T: Um hum (2.0) (.h) so you believe that if

487. you could be (.) have more affection

488. [ and ]

489. M: [um hum]

490. T: And and and more active sex life (.) that that

491. would energize you?(.)

Sharing few minimal responses or delaying minimal response is characteristic of male dominant linguistic features in mixed gender talk. Minimal responses are a way for the listener to indicate active positive attention to the speaker. A lack of a minimal response or a delayed one signals a lack of interest in and lack of support for the speaker's topic. The male client demonstrated that this power dynamic also played out in the therapy session. The disproportionate use of minimal responses between men and women in mixed conversation is another indication of the division of labor in conversation based on positions of power.

## **Therapist and Minimal Responses**

**Only two clusters of minimal responses from the therapist to the female client.** The therapist used 7 minimal responses to support the female client and 22 minimal responses to support the male client. The 7 minimal responses for the female client were discovered in two different clusters. The male client received over two-thirds more supportive messages than the female client did.

Four of the seven minimal responses for the female client were delivered during the first four pages of the analysis and the other three minimal responses occurred during the last three pages of the analysis. Thus, 16 pages of the transcript do not reflect the therapist supporting the female client's talk. The first cluster of minimal responses from the therapist delivered to the female client centered on the therapist asking questions to the wife about her husband's needs. These needs highlighted by the therapist included reading the scowl on his face, not getting angry because he would not talk to her, and clarifying how their family vacation was centered around her husband's needs so that he could go fishing.

The second cluster of minimal responses from the therapist that supported the female client's talk was about the sharing of the sexual violation that took place in her marriage. Although the therapist supported her talk with minimal responses, and did not interrupt her, she did not offer her any type of empathetic response. Instead, she concluded by offering a survey to the couple and framed the problem as a sexual preference difference between them, rather than a sexual boundary violation within the marriage. The end result was that the female client's concern ended up without validation or resolution.

**Therapist directed many minimal responses to the male client.** The therapist offered 22 minimal responses to the male client during the analysis. Since there were so many responses and they occurred on just about every page of the analysis, I looked to where they were lacking. The first two pages of analysis did not contain any minimal responses because the male client did not talk during this time so there wasn't any talk to support. Two more pages in which minimal responses were lacking was a period of time in which the therapist was asking the female client many questions about her husband's needs. Another page lacking minimal responses from the therapist to the male client was during a conflictual exchange between the husband and wife. The absence of minimal responses from the therapist to the male client in the last four pages was due to a lengthy recount by the female client of her concerns about the marriage not feeling sexually safe. The male client did not speak during this time.

The cultural script of women supporting male talk with minimal responses also occurred within this counseling session and was delivered from the therapist to the male client. Almost 76% of the therapist support messages were given to the male client and 24% to the female client. Of course, the obvious lack of support for the female client's talk, as indicated by the infrequent minimal responses, also affected her talk time.

### **Use of Questions**

The rules of our culture dictate that women use more questions than men in mixed gender talk in order to increase their chance at having their talk responded to. The cultural practice of assuming that men are the holders of information and that females need to just ask for it is replicated in this session. Women typically direct more questions to men than to women. This behavior presumably requires a response and thus receivers would have to address the questioner's topic; at least, they are supposed to. This counseling session also exemplified these linguistic rules.

The female client asked a total of five questions, three directed to the therapist and two directed to her husband. All of the questions were an attempt to ascertain whether or not the therapist understood her or that her husband agreed with her. The male client asked only two questions and they were directed to the therapist. Both questions were clarifications of the questions that the therapist asked, basically repeating her question but in a shorter sentence structure. The therapist asked a total of 46 questions. A therapist often asks many questions in therapy for assessment, clarification, and sometimes intervention purposes. However, there was an obvious linguistic lopsidedness to the use of questions in this session. Fifteen questions were directed toward the female client, 27 questions were directed toward the male client, while 4 were directed to both of them. It should be noted that 3 of these 4 questions could have been directed to him rather than to both of them. This lopsided use of questions, a ratio difference of almost two to one, indicated that the therapist was working harder at the relationship with the male client. She actively used questions to engage him linguistically and relationally.

### **Female Client and Questions**

**Female client stopped asking the therapist for validation.** The three questions that the female client asked the therapist were questions to validate her talk. A minimal support message from the therapist would have eliminated the need for these questions. Two of the questions were “you know?” and one question was “you see?” Both were placed where a minimal support message was missing. The three questions asking for validation were on pages 2, 5, and 8 of the 24-page analysis. The female client stopped asking questions after this point, most likely because she was not getting validation either voluntarily or when asked for.



The following excerpt included one of the three questions that the female client asked of the therapist. The following question occurred after the female client spoke for five lines about how her husband did not “say anything” to her when he is obviously unhappy. She shared how she asked him “why are you so miserable for all the time?” and she said that twice she “lost [her] temper” and it came out “like a verbal attack.”

49. F: You see::? So obv- obviously he's not  
 50. going to say <anything.> =

The female client asked the question, “you see?” but with a longer vowel sound on the end of the question which made it more dramatic and extended. She stuttered her next word perhaps because she did not get a minimal response from the therapist even after asking for validation. Actually, the next turn was taken by the therapist during which time she confronted the female client regarding how she could question her husband differently.

The next two questions posed by the female client to the therapist were both “you know?” questions. It is documented that “you know” fills the linguistic space where one would normally expect a minimal response.

133. F: > (?) I would probably (.) he called it  
 134. nagging but I just call it (.) it's not nagging it's  
 135. more like just (.) telling s- verbalizing what just  
 136. needs to be dô:ne.(.) I mean I have friends  
 137. that they talk to their husbands (.) even the  
 138. way they ta- the tone of voice is a lot worse(.)  
 139. but (.) they don't take it the wrong way= they  
 140. just say <o:h> (.) okay I know I need to get  
 141. this done. Maybe not today whatever. (.) or-  
 142. you know? = It's (1.5) I can't explain it. < (.)

Previous to this excerpt the male client had complained that his wife has a list of things for him to do around the house. The female client shared her perception in lines 133-142. She cuts off her word “or” and then filled the lack of a minimal response with a

“you know?” She still did not get a supportive message from the therapist so she said, “It’s,” followed by a one-and-one-half second pause, and then trailing with, “I can’t explain it.” Actually, she explained it well. Her uncomfortable position, as indicated by the linguistic features described above, was a result of the therapist withholding a supportive response.

The next “you know?” question followed a lengthy dialogue between the therapist and the male client; four minimal responses were given by the therapist during his talk turns. The following excerpt is the first turn that the female client had in the conversation. Following her turn, the therapist and the male client continued their conversation without her for another thirty-three lines before she gave a short answer and another fifty-two lines lapsed before she had a significant turn to talk.

218. F: >But I also think it would be nice for him if  
 219. he had guy friends that he< < does things  
 220. with. > =

221. M: But sêe (.)

222. F: You know?  
 223. [ He (?) ]

224. M: [ That I don’t ] I have no

225. T: [That’s not] your preference?

The female client suggested that her husband have other interests outside his work and the family (lines 218-220). Based on the review of the transcript she appeared to be feeling like he was too focused on her, which made her uncomfortable. He began his talk turn with “But see” (line 221) and did not continue. There was a slight pause of less than .5 seconds, and then the female client asked the question in line 222, “you know?” Apparently, she needed a minimal response to her talk in lines 218-220. She continued talking after saying “you know” but it was not audible since both the male client and the

therapist interrupted her talk. In this segment, the female client was treated as if she were invisible and her talk was irrelevant. The therapist and the male client continued talking with each other.

### **Male Client and Questions**

**Male client did not need information from others.** The male client did not ask his wife any questions; but he did ask the therapist two questions, which were for clarification purposes. Basically, he repeated part of the therapist's question that she had asked him. Both questions were a request that the husband talk more about his needs.

477. T: [ How would you ] how would you like to

478. spend \*time (.) for yourself right now?\* (1.0)

479. M: Right now? =

480. T: In off in off season hunting (4.0)

481. M: I don't know I guess just getting just trying

482. to get remotivated but it just seem- (2.5) the

483. the best way to describe it (2.0) a:nd the less

484. physical (2.0) the marriage became the less

485. motivated I became.

The therapist asked him a question in lines 477 and 478 about his need to spend leisure time. Notice that she repeated herself with the words "how would you." This repetition of words was noticed when the therapist directed communication to him, especially a question. The repetition occurred again with the words "in off" when the therapist clarified the question in line 480. There were long pauses before the male client responded to the question, four seconds in line 480, indicating that he did not have concerns about his turn being interrupted or losing a power struggle to control the topic, if interrupted. The power differentials created ambivalent linguistic behaviors with the therapist, such as repeating words in her questions.

In the next excerpt the male client asked another clarifying question in line 499, which was merely a repetition of the question the therapist had asked (lines 497-498) him immediately prior to this. One second elapsed in line 497, the question from the therapist could have ended here but instead she added another clarifying word followed by 2 seconds before the male client asked his clarifying question. This is an indication of the female speaker doing the relational work in mixed gender talk.

497. T: Okay so what are you asking for (1.0)

498. specifically? (2.0)

499. M: What am I asking for specifically? =

500. T: Um hum =

### **Therapist and Questions**

#### **Therapist asked the male client many questions**

There was a two to one ratio of questions directed by the therapist to the male client as opposed to the female client. The questions directed to the female client were often to manipulate the conversation so that it appeared that the female client was falling short of her job to attend to her husband's needs. There were 28 questions that were asked of the male client. Frequently, the therapist asked the same questions to the male client as if anticipating a lack of response. She appeared to be working hard at the relational talk with him. The therapist frequently stuttered when she asked questions directed to the male client. The questions to the female client were spoken without hesitation. It was assumed that it was more stressful for the therapist to address the male client due to the unspoken power differentials in which she did not have permission to influence him, as understood in our culture's patriarchal script.

The 28 questions asked by the therapist to the male client were grouped into five subcategories because there were so many. The five subgroups included questions that were repeated and never answered, questions for clarification, questions for information in which the therapist endeavored to understand him, questions about his needs, and questions about sex. The questions about sex were separated from the questions about his needs because sex was the topic that the male client wanted to discuss throughout the entire session. Looking closer at the subheading, “Questions about his needs” revealed that all of his responses referred to sex, but the therapist did not uncover this until the latter part of the session.

### **Questions that brought focus to his needs**

Questions asked by the therapist to the female client were centered on what she noticed about her husband and his needs as well as revealing the patriarchal adopted view of minimizing the contribution of unwaged work typically performed by the wife. The questions asked by the therapist clearly implied that the wife was negligent in not asking her husband in the right way about how he was doing and not noticing how depleted his energy was. At one point, the wife shared that she had tried note-writing instead of talking to him to see if she could get a cooperative response from her husband. The only question about the female client’s needs that was asked by the therapist in the session was about sex; this was the topic that the male client pushed to the forefront during the entire session. The answer from the wife to the therapist about sex, that he did not respect her sexual boundaries, was ignored.

### **Leading questions from the therapist to the female client**

The questions from the therapist to the female client implied that it was her job to be vigilant in reading her husband’s body language and not his job to share without

prodding. There is a sense that the therapist had an agenda, embedded in her questions, to guide the female client into a place that assumed blame for not performing her wifely duties. The set of questions captured in the following segment included consecutive questions fired rapidly at the wife. Specifically, the implication was that she did not ask her husband in the right way since she did not get a response from him.

27. T: Do you ever ask him when you - if tha:t's a  
28. clue to you that something's up with Wayne?(.)

29. F: [ Most of all (?) just about ]

30. T: [ Do you ask him?]

31. F: I don't knô:w.(.) I just- it's kind of  
32. automatic but I think that's just hî::m.  
33. (laughs) (.)

34. T: Well wait a minute you ask him and he  
35. sâys I don't know? (.)

36. F: No I don't ask [him.]

37. T: [You] don't ask him=help  
38. me to understand how come you don't ask  
39. him.= Here you see sô:methin going on:  
40. he's not sharing it (.) Yo:u're wô:ndering  
41. apparently what's going on = How come you  
42. don't ask him?(.)

The rapid fire questions are included in lines 27-29, 30, 34-35, and 37-42. The therapist interrupted (line 30) while the female client was answering her question in line 29. The therapist overlapped her last word, interrupted her, or allowed less than two-tenths of a second for her to respond. The female client showed signs of intimidation by these linguistic power moves with three hedges in line 31. In addition, it was not clear what was said in line 29 since the therapist interrupted the female client and spoke louder than her.

### Questions not acknowledging the lopsided relational work

The next question implied that the wife must make a change in how she asked her husband a question and if she does this, she may get a verbal response from him. The question ignored the previous report that the wife had tried different approaches to get a response from her husband. She explained that she had lost her temper and asked him why he was so miserable all the time, and he did not respond. The focus became the two times she lost her temper during the years, not all the times she has asked him in so many different ways to have a relational conversation.

49. F: You see::? So obv- obviously he's not  
 50. going to say <anything.> =
51. T: Okay so how would you ask that differently  
 52. then?(.)
53. F: Ummm (.5) I would just say quietly what's  
 54. wrong Wayne (2.0)

The female client was invited to focus only on the two times she was angry and accepted the blame as directed by the therapist. She explained why her husband did not respond to her (lines 49-50). The therapist asked the wife how she could correct her behavior (lines 51-52). The female client adapted the therapist framework and responded in lines 53-54. The therapist asked the husband at this point if he would respond to his wife if she asked it in this way, and he was evasive and uncommitted. All of the work the wife was doing on communication was not acknowledged in this session, and the husband was not held accountable for ignoring his wife and refusing to speak to her.

The next question by the therapist to the female client is another example of how the unequal relational work was not acknowledged or addressed in therapy. At this point in the session, the wife had shared how she had made many adjustments in order to try to

get her husband to speak to her. It had been revealed that she had changed her tone, communicated with a “please,” and wrote notes instead of speaking. She received the same reception: stonewalling or ignoring her. The following question was asked after the female client shared about her attempt at note writing instead of talking.

155. T: So [so]

156. F: = [ I ]

157. [thought that might help.]

158. T: [Did the notes bring] better results? (1.0)

The therapist attempted to take a turn in line 155, and it was counted as an interruption since the female client was still talking and there was no pause preceding the therapist interjection of “so so.” The therapist again interrupted in line 158 since the female client was still speaking. The therapist continued her question in line 158, choosing to ask whether or not one of the many interventions the wife attempted worked, choosing to not ask the husband why he did not participate in the relational dialogue.

### **Questions that were repeated and never answered**

One is still left wondering, would he or would he not have a response if the wife had asked differently, as proposed by the therapist? The therapist not only repeated her question but also hedged and stuttered since he did not respond to her question. The male client continued to withhold the answer from the female questioner. The question that he chose to not answer is the only one that would have required a change or accommodation on his part.

53. F: Ummm (.5) I would just say quietly what's

54. wrong Wayne (2.0)

55. T: Would thât (.5) be appropriate? (.5)

56. M: <I gue:ss> (.)



57. T: For you- I mean wou- would that bring a  
 58. response if she said what's wrong?(1.0)
59. M: I guess I- (.) I I don't know (.) you know  
 60. over (.) over the yea:rsss (.5) it's always been  
 61. a (10.0) a list of things to do.(3.0) I'm going  
 62. out this needs to get done. I'm going here  
 63. this needs to get done. I'm going to work.  
 64. These are the things that you need to do  
 65. today. (.)

First the therapist directs the female client to make another accommodation in how she communicates to her husband so that she would get a response (lines 53-54). The therapist's question, asked twice, (line 55 and again in lines 57-58) was never answered. She stuttered in line 57 and repeated words in lines 57 and 58 because she got a nonanswer from him in line 56. "I guess" (line 56) and "I don't know" (line 59) are evasive nonanswers to a clear question. The question remained unanswered, will he respond to his wife's questions or not if she says it a certain way? This segment of the transcript also revealed the wife asking her husband to contribute around the house by making a list (lines 60-65). The implied lopsidedness of the housework is not assessed. In an equal relationship, she would not have to ask him to contribute to housework or childcare.. The talk turn for the male client is unhurried as indicated by the use of six pauses during his talk in lines 59-65. Line 61 reveals a 10 second and a 3 second pause. His answer was anticipated by both the female client and the female therapist and he used his power to control the talk and therefore the relationships.

### **Questions about his needs**

The therapist appeared to have an agenda in this session: to focus on the husband's needs. She asked many questions about his needs and participated in controlling the topic to remain about his needs. Scattered throughout this session were

references to his low “energy level,” his “lack of motivation,” his need to feel “passionate again,” his need for an “emotional kick,” his need for a “hobby,” and his need for “time for self.” Ultimately, it is discovered, at the end of the session, that the husband is not interested in having any more hobbies or any friends, he just wanted more unrestricted sex with his wife, and he believed that this would solve his problems. However, in the therapist’s pursuit to discover his needs, she disregarded the female client’s needs. The following six excerpts of talk illustrate the many questions that the therapist’s asked in pursuit of the male client’s needs.

82. M:...I’m not back to where (.) I was 10 years ago.

83. (1.0) And I kind of would like to get back to

84. that (.) energetic level I was ten years

85. [ago.]

86. T: [okay] What would that what would that

87. take to do that?(.5)

88. M: It’s it’s getting there now. (.) It’s it’s going

89. back- back there now.=

90. T: What are yo::u doing to make that

91. happen? (2.5)

\*\*\*

122. T: Um that you need to feel passionate um

123. again= You need to be doing th- those things

124. that you feel passionate about.(.) If that were

125. going on with <regularity> in your life (.)< how

126. do you think your marriage would be

127. different?>= How would it impact how you and

128. Dee get along (.) if you were(.) if that were

129. happening more often? (2.0)

\*\*\*

344. M: just don’t have the emotional (5.0) kick.

345. T: Um hum and where would that come

346. from? (5.0) [ her? ]

347. M: [ (?) ] yêah.=

348. T: Okay so so you're relying on her to give  
 349. you the emotional kíck?

350. M: Um hum

351. F: ((laughs))

352. T: Okay and what would that look like (.) or  
 353. sound like? (2.5) An- she's giv- I I I think  
 354. she's giving you a kick right no::w.

\*\*\*

434. T: Okay sô (.) let's talk these last few minutes  
 435. about how you would like it to look. (1.5) Shift  
 436. shift your focus now (.) from the problem to  
 437. the solution (.) All right you're saying you'd  
 438. like more time for yourself (.) what kind of ime  
 439. would you li:ke (.) and how can you negotiate  
 440. that with Dee? (2.5)

\*\*\*

456. T: Okay would it be helpful to find some kind  
 457. of hòbbý to do in the summer tíme when it's  
 458. off season for hunting?(1.5)

\*\*\*

477. T: [ How would you ] how would you like to  
 478. spend \*time (.) for yourself right now?\* (1.0)

479. M: Right now? =

480. T: In off in off season hunting (4.0)

The questions from the therapist that support her pursuit to understand the male client's needs occurred on lines 86-87, 90-91, 122-129, 345-346, 348-349, 352-354, 434-440, 456-458, and 477-478. The theme of the questions were about his need for renewal of more energy, doing things that he felt passionate about, needing an emotional kick, needing more time for himself, finding a summer-time hobby when he was not hunting, and how he would like to spend time for himself. There were no questions directed to the female client about what she needed. What about her needs? Once, the therapist attempted to connect that if he invested in renewing his energy then this would improve

his marriage. However, he never agreed that the two were connected, even after it was directly asked of him. Although he did admit that if he had more sex, he would feel more renewed, probably “ten years younger,” he added that it would take a period of time of doing this before he would feel “like himself again.”

### **Questions addressed to the couple but really meant for him**

The therapist asked four questions that were directed to both the husband and the wife. Three of these questions appear to be more appropriately addressed to the male client rather than to both of them. One question about filling out a survey was appropriately addressed to both of them.

271. T: In that area and in fact I'm hearing you um

272. trying to encourage him to get um um to

273. become more involved with hobbies= so how

274. can you all make this happen? (.)

275. [ Because ]

276. F: [ (?) ]

277. T: what I'm also hearing you say Wayne is (.) if...

First, the therapist addressed the female client in lines 271-273, then she turned the question to both of them, “how can you all make this happen?” in lines 273-274. This appeared to be an invitation for the female client to help the therapist and join her in solving the lack of a hobby problem for the husband. The therapist had previously attempted to get some involvement from him but it did not go anywhere. Ultimately, it did not go anywhere because he did not want a hobby, he just wanted more sex. This question really should have been addressed to the male client rather than triangulating in the wife.

421. T: Okay let's shift the focus

422. F: I don't understand.

423. T: to what a solution would look like okay  
 424. what needs to happen. You know what the  
 425. problem is (.) okay what needs to happen?  
 426. (1.5) What needs to be different about this?  
 427. (4.0) What needs to be different ha- about (.)  
 428. you getting some time and I'm hearing time  
 429. for yourself.=I'm also hearing cooperativeness  
 430. between the two of you (.) And I'm also  
 431. talking I- I- I'm also hearing about ho::w  
 432. requests are made.=

The next two questions in the segment were also directed to both of them; however, upon closer inspection, they needed to be directed to the male client. First, in lines 424-425 the therapist stated that the couple knew what the problems were. I do not believe this was true. Reviewing the transcript indicated that the female client thought her husband had a motivation problem, seemed unhappy, focused too much on her, and did not respond to her communication. She was especially concerned about feeling sexually unsafe in the marriage. All of these issues were not named in the therapist's framing of the problem in lines 423-432.

The male client defined the problem as not having enough unrestricted sex and having to do too many household tasks. The framing of the problem by the therapist as stated in line 423-432 included three main themes; one, the husband needed time for himself (lines 428-429), two, there was no cooperation between the two of them (lines 428-430), and three, requests were not made properly (lines 430-432). The issue of cooperation appeared to be one-sided in this analysis. The female client was not and could not get cooperation with her husband in talking with her, sharing household chores, respecting sexual boundaries, etc.; therefore, the cooperation problem should have been addressed to him.

The issue of not making requests properly had to do with the wife since the only discussion was how the wife was requesting something of the husband and not vice versa. The wife had indeed overextended herself with attempting to make requests of her husband. This question should have been directed to the male client. Actually, all three topics really should have been directed to the male client. It is assumed that the therapist included the wife in this address to soften the focus on the husband and not hold him directly accountable for these problems. However, this address could have left the female client confused.

### **Hedges**

Hedges have different functions. In this analysis, hedges were divided into those with and without certainty, hedges due to sensitive self-disclosure, hedges to avoid an answer, and hedges as a reaction to a speaker's question not being answered. The analysis of this session revealed that the female client delivered 21 hedges, the male client delivered 18, and the therapist delivered 3. All three of the hedges from the therapist were related to the conversation with the male client. The hedges that were identified in this session were "I mean," "I think," "I just," "kind of," "may be," and "I don't know," "you know," and "I guess," when it was not used as an answer.

### **Female Client and Hedges**

#### **Hedges with certainty**

Hedges expressed the speaker's certainty about the proposition under discussion. The female client spoke several hedges that revealed her confidence in what she said.

- 133. F: > (?) I would probably (.) he called it
- 134. nagging but I just call it (.) it's not nagging it's
- 135. more like just (.) telling s- verbalizing what just
- 136. needs to be dô:ne.(.) I mean I have friends
- 137. that they talk to their husbands (.) even the

138. way they ta- the tone of voice is a lot worse(.)  
 139. but (.) they don't take it the wrong way= they  
 140. just say <o:h> (.) okay I know I need to get  
 141. this done. Maybe not today whatever. (.) or-  
 142. you know? = It's (1.5) I can't explain it. <(.)

The hedges on line 134, "I just," and line 136, "I mean," are used with certainty.

The female client is not unsure of her position and she made a strong statement that she does not understand why her husband would stonewall her and react the way he did. She used her friends as examples of how their husbands do not have an emotional reaction to needing to do things around the house. However, she did ask for support on line 142 with "you know?" and "I can't explain it." She did not receive it from the therapist. The female client ended this segment expressing a need for assurance that the therapist understood her and she did not receive it; the need to verify being understood should not be confused with a message spoken with uncertainty.

Another hedge spoken by the female client with certainty is captured in the next excerpt. She expressed clarity and assertiveness regardless of the use of hedges.

579. F: It doesn't feel sâfe any more about sex (.)  
 580. it doesn't (.) I don't feel safe about any more  
 581. (.) I feel pushed I feel like it's for his  
 582. satisfaction.= He want to get his rocks off and  
 583. sometimes I think I'm just < I don't know >.  
 584. He keeps saying it's for (.) it pleases < him >  
 585. that it pleases me but I don't see that  
 586. happening.(.5)

The hedges on line 577, "I'm just" and "I don't know" do not detract from the strong message made by the female client. She sounded very assertive: she does not feel safe about sex in her marriage anymore. The hedges appeared to be more of a pivotal point before she made a climatic conclusion that her husband was misrepresenting himself to her. It really was not about her needs as he had suggested, it was all about him, and she no longer would believe his manipulations.

## Hedges with uncertainty

Some hedges in this analysis were spoken expressing uncertainty. The female client spoke several hedges that expressed her lack of confidence about the proposal under discussion. The following segments of talk represented two of these examples.

19. F: >That's why sometimes I think he's just not  
 20. happy I don't know what's wrong. I don't know  
 21. if it is just the marriage or what. He will  
 22. take a walk< and and then and then > (.) my  
 23. neighbor will come up and say what's wrong  
 24. with him he's got such a scowl on his face=  
 25. I said I don't know= maybe he's just thinking  
 26. about a lot of stuff I don't knô::w.< (.)  
 \*\*\*  
 31. F: I don't knô::w.(.) I just- it's kind of  
 32. automatic but I think that's just hî::m. (laughs)  
 33. (.)

The female client hedged in her talk with the words “I don't know” in line 26. She said “I don't know,” “I just,” and “kind of” in line 31. The “I don't know” in line 26 revealed her uncertainty about why her husband seemed so unhappy. She considered different ideas but wondered if the main reason was that he was not happy in the marriage. She explained how neighbors noticed his unhappiness as well. This hedge was spoken in a sea of unknowns. The “I think” in line 19 was not considered a hedge because she used these words in a way that could have been substituted with “I believe. The “I don't know” spoken twice in line 20 was not considered a hedge because it was used in a way that represented the idea that she did not know what was wrong with her husband, not that she was uncertain about her linguistic presentation. The “I don't know” in line 25 was a response to a question, thus was not a hedge.

The female client hedged three times in one line (line 31), and again the topic was about her husband's unhappiness. She expressed uncertainty about this topic and asked



early in the session for the therapist's help with this issue. His depression level was not assessed during this analysis and it did not reveal any evidence that it had been assessed in previous sessions. The therapist assumed in this session that his unhappiness was because he did not have enough time for himself and needed a hobby that he could enjoy alone. This proved to be an inaccurate assumption.

### **Hedges due to a sensitive topic**

Hedges can occur during the discussion of a sensitive topic since self-disclosure can be extremely threatening. The female client hedged four times during this segment of talk. The discussion was about a taboo topic—sexual boundary violation by her husband.

588. F: I don't feel safe if it's just- I don't have that

589. safe fee:ling.=

590. T: Um hum...What would change that for you?

591. (5.0)

592. F: Not being so pushy telling me you know

593. certain things or or you know (.) I don't know.

594. (1.5)

The female client hedged with "it's just" in line 588, "you know" in line 592, and again in line 593, and with "I don't know" in line 593. The more embarrassing the female client became with revealing the sexual boundary violation, the more hedges she used. The first hedge of "it's just" occurred when she admitted that she did not feel sexually safe in her marriage and was said with a cut off of the word "just" indicating uncertainty and anxiety. She was in need of a minimal supportive response from the therapist during this vulnerable part of telling her story. She did not receive it. In place of these minimal responses were the three hedges: "you know" said twice and "I don't know" said once.

## Male Client and Hedges

### Hedges with certainty

The male client delivered hedges with certainty as well. The following is a segment of talk that captures this type of hedge.

202. M: Pay the bills get ahead (.) do this and do  
 203. that that (.) when I start to have when I want  
 204. to go if it interferes with her time (.) and like we  
 205. discussed earlier it is a little bit of a jealousy  
 206. because I'm at work and she's out running  
 207. around and going here and going to this crap  
 208. I'm going to go over to friends and (.) I'm at  
 209. work and I'm going like (.) where's my time?  
 210. (4.0) A::nd (.5) i- i- it gets to be I l I guess a  
 211. jealousy issue. (.5) um (.) there are (.) there  
 212. are things where yeah I'm not verbal I'm not  
 213. going to lie about it= I don't have a lot of  
 214. things to say sometimes.(2.0) uh and there  
 215. are some thing that I just (.) don't want to  
 216. discuss. (.5)

The hedge “I guess” appeared on line 210 in this segment of talk while the message was delivered with confidence. He was comfortable enough to be critical and complain about his wife “running around” (lines 206-207) and called her activities “crap” (line 207). He hedged before naming his feelings “a jealousy” issue. Next he proceeded to educate the therapist about his rules of talk in his marriage. He did not have a lot to say (lines 213-215), and there are some topics he did not want to discuss (lines 215-216). This speech illustrated not only certainty but arrogance as well.

The next segment of talk, spoken with certainty by the male client, included four hedges. The hedges “I guess” and “may be” were spoken in line 70, the hedge “you know” was spoken in line 72, and the hedge “kind of” was spoken in line 83. The male client did not like being told what to do by his wife and he did not like getting a list of chores provided by her. He used his turn to complain about this and how he had lost his

energy level. This message was spoken with certainty. The male client had 14 pauses in his talk; he did not seem to be fearful that his turn would be interrupted. The therapist overlapped his last word with a minimal response before she began to speak.

70. M: After a whi::le (.) I guess may be I felt like  
 71. I was being told like- the- for the kids to do  
 72. what the kids needed to do. (1.0) You know  
 73. so there was my list the kids had theirs and I  
 74. had mine.(.) The kids need to do this this  
 75. and this you need to get this this and this  
 76. done. (.5) And I'm like (3.5) and I think over  
 77. the yea::rs I've just got to the point where  
 78. (2.0) I've given up a lot of things.(1.0) I've  
 79. gotten lazy on a lot of things I've just  
 80. (1.0) never really (.) never really cared any  
 81. more about getting a lot of things dône.  
 82. (1.0) um (2.0) and I'm not back to where (.) I  
 83. was ten years ago. (1.0) And I kind of  
 84. would like to get back to that (.) energetic  
 85. level I was ten years  
 86. [ago.]

### Hedges to avoid an answer

The following segment of talk by the male client reflected a refusal to answer a question asked by the therapist. The question was to inquire that if his wife asked him in a quiet voice, "What's wrong Wayne?" would he respond with an answer? He used four hedges in his response and never gave an answer. Therefore, the "I don't know" and the "I guess" hedges were considered more indicative of avoiding an answer rather than feeling certain or uncertain about the topic.

55. T: Would thât (.5) be appropriate? (.5)  
 56. M: <I gue:ss> (.)  
 57. T: For you- I mean wou- would that bring a  
 58. respônse if she said what's wrong?(1.0)  
 59. M: I guess I- (.) I I don't know (.) you know  
 60. over (.) over the yea::rsss (.5) it's always been

61. a (10.0) a list of things to do.(3.0) I'm going  
 62. out this needs to get done. I'm going here  
 63. this needs to get done. I'm going to work.  
 64. These are the things that you need to do  
 65. today. (.)  
 \*\*

477. T: [ How would you ] how would you like to  
 478. spend \*time (.) for yourself right now?\* (1.0)

479. M: Right now? =

480. T: In off in off season hunting (4.0)

481. M: I don't know I guess just getting just  
 482. trying to get remotivated but it just seem-  
 483. (2.5) the the best way to describe it (2.0)  
 484. and the less physical (2.0) the marriage  
 485. became the less motivated I became.

The therapist asked the male client the question in line 55. The male client responded after a one half second pause, slowly articulating the words “I guess.” This was a noncommittal answer so the therapist asked again in line 57 and 58. Unlike the first time she asked the question, the second time her question included a hedge (line 57), repeated words (line 57), and cut off words (line 57). This was interpreted as her awareness that he was stonewalling and it would be her responsibility to address this. One and one-half seconds passed before he responded with another noncommittal answer. He used three hedges in line 59, repeated and cut off the word “I,” as well as having two short pauses in between his hedges. The answer he gave was one of privilege; he never answered the question. He changed the topic to complaining about the list of things his wife wanted him to do. He paused for long periods of time during his talk turn, once for a full 10 seconds and another for 3 seconds. There were a total of seven pauses during this turn. The therapist accommodated his topic and never challenged him about

why he did not answer the question. The use of hedging to avoid an answer was successful.

The second segment started with the therapist interrupting the male client. She repeated her words in line 477 when she interrupted. Then she softened her voice as if to accentuate an interested and empathetic position (line 478). He asked a clarifying question (line 479). The male client used two hedges to begin his answer (line 481). Instead of answering the question about how he would like to spend some leisure time by himself, he used his turn to complain about not having enough sex (lines 481-485). He had three pauses in his response, one 2.5 seconds long and the other lasting 2.0 seconds. He was not concerned about being interrupted. The use of hedging to avoid another answer was successful. In addition, he was able to use his talk turn to control the topic and turn the remainder of the therapy session to focus on sex.

### **Therapist and Hedges**

The therapist used only three hedges in this analysis; all three were spoken with uncertainty and were addressed to the male client. Two were captured in the next segment of talk. The third hedge by the therapist will be discussed in the following subtitle. Previous to this segment, the male client acknowledged that he needed his wife to be responsible for giving him an “emotional kick” from time to time. The therapist shared her theory that she believed that this is what the wife was currently doing to him.

352. T: Okay and what would that look like (.) or

353. sound like? (2.5) An- she's giv- I I I think

354. she's giving you a kick right no::w.

355. F: ((laughs))]

356. M: [ Yeah but but see that's ]

357. F: [ He wants (?) I don't know. ]

358. T: [ And and I think she's giving]

359. you a swift kick (.) in the

360. [ bùtt right now. ]

The therapist hedged in line 353 with “I think.” She shared her theory but with many linguistic difficulties. She paused 2.5 seconds after she asked a question (line 353) for which she did not get a response, so she continued to speak. She abruptly cut off her word “An-” and “giv-” on line 353. She stuttered the word “I” three times in line 353. The therapist received a favorable response in that the female client laughed in line 355, and the male client answered with a “yeah but” (line 356) but was close enough to a “yeah.” Therefore she repeated her theory again in lines 358-360, also with a hedge “I think” in line 358. Only one stutter with the word “and” was said (line 358) and no words were abruptly cut off. Interestingly, her last three words were interrupted by the male client who took the next turn. Also, line 357 revealed that the female client had a verbal response to the therapist’s theory but it was not audible because the male client overlapped her talk. Both started their talk at the same time. A hedge was audible in the female client’s talk on line 357 with “I don’t know.” Because the context of this hedge was unclear this hedge was not categorized.

### **Control and Development of Topics**

Topic development is an important component of conversation, especially in a counseling setting in which couples have voluntarily sought out help for their relationship. In counseling, the assumption is that both members of the couple are receptive to the marriage and family therapist’s interventions, which often include guiding the topic. However, due to power differences based on gender this is not always true. This section of the results will focus specifically on topic development.

## Minimizing the Topic

Minimizing is an act of lessening the importance of a topic. It is imperative that both the female and the male client feel that the therapist actively listens to the concerns that they share in the counseling setting. Part of the job of the therapist is to be able to demonstrate that s/he can hear and appreciate both perspectives. There are many different ways to demonstrate this understanding, including through linguistic features. The therapist should not make an alignment with one spouse and leave the other one out. Before this segment, which represents the beginning of the analysis, the female client had shared her frustration in that her husband would never share his thoughts and feelings with her.

1. T: So here you're saying Dee (.) he never
2. shared what was going on and nô::w he's
3. sharing what's going on. (.)
4. F: Not just with his class I'm talking about just
5. sharing with me if if he's unhappy about
6. something (.) in the ma:rriage or if it is
7. something (.) with u::s or something he
8. doesn't <share anything.> (.)
9. T: So how would you typically kno:w (.) that
10. something was going on for Wayne? (.)
11. F: His âttitu::de= [ the way ]
12. T: What [ would you ]
13. F: he carries him
14. [ self and his demeanor.]
15. T: [What would you no- ] what would you
16. notice about his demeanor? (.)
17. F: He has a scowl on his face. (.)

The therapist started her talk by commenting how the husband acted differently in the counseling session as compared to how the wife had described his home behavior (line 1-3). This statement seemed like an attempt to minimize the wife's complaint and it could have been interpreted by the female client as defacing. The female client responded by clarifying and elaborating (lines 4-8) about her husband's lack of relational talk. The therapist chose to not address this report of the male client and instead decided to direct the topic to asking multiple questions to the female client about reading her husband's body language. There was an aggressive nature to these questions (lines 9-10, 12, and 15-16) as evidenced by the interruptions, the tone of voice, the repetition of words, and a sense of rushing the female client into her answers without pauses. The therapist did not encourage the female client to continue to talk about her concern as evidenced by not using minimal responses nor directing questions to develop the topic that the female client had presented. In addition, the therapist chose to not direct questions to the male client about his lack of contribution to the marital relational talk. It is understood by the therapist's linguistic choices that she holds the wife accountable to do the relational work in the marriage and learn to read her husband's body language so that he does not have to verbalize to his wife.

### **Avoiding the Topic**

In a marriage, it is required that both parties are relational; that both members feel responsible for doing the relational work in the marriage, including the talk that is necessary for sharing thoughts, feelings, making decisions, and sharing feedback to influence the partner. Prior to this next excerpt, the therapist had completed asking eight different questions directed to the female client that lead to the conclusion that she was responsible for her husband's relational interaction. Next, the therapist asked the male



client if he would respond to his wife if she changed the way she delivered her message. She was asked to do the changing, not her husband. In collaborative conversation, a question that asked the participant to clarify, expand, or respond would be answered. The male client never gave an answer to the question that the therapist proposed. It appeared that the male client avoided owning responsibility for a commitment, for being held accountable for change, especially one which would require doing more of the relational talk in the marriage. The beginning of the next excerpt started with the therapist asking the male client to respond to her question concerning a behavior change on his part.

55. T: Would thât (.5) be appropriate? (.5)

56. M: <I gue:ss> (.)

57. T: For you- I mean wou- would that bring a  
58. respônse if she said what`s wrong?(1.0)

59. M: I guess I- (.) I I don` t know (.) you know  
60. over (.) over the yea:rsss (.5) it`s always been  
61. a (10.0) a list of things to do.(3.0) I`m going  
62. out this needs to get done. I`m going here  
63. this needs to get done. I`m going to work.  
64. These are the things that you need to do  
65. today. (.)

66. T: You mean thât would be (.) the primary  
67. communication between the two of you? =

68. M: Yes. (.) a:nd =

69. T: Okay =

70. M: After a whi::le (.) I guess maybe I felt like I  
71. was being told like- the- for the kids to do  
72. what the kids needed to do. (1.0) You know  
73. so there was my list the kids had theirs and I  
74. had mine.(.) The kids need to do this this and  
75. this you need to get this this and this done.  
76. (.5) And I`m like (3.5) and I think over the  
77. yea::rs I`ve just got to the point where (2.0)  
78. I`ve given up a lot of things.(1.0) I`ve gotten

- 79. lazy on a lot of things I've just (1.0) never
- 80. really (.) never really cared any more about
- 81. getting a lot of things done. (1.0) um (2.0) and
- 82. I'm not back to where (.) I was ten years ago.
- 83. (1.0) And I kind of would like to get back to
- 84. that (.) energetic level I was ten years
- 85. [ago.]

The male client did not respond to the topic when brought to his attention (lines 56-59) and the question was asked twice by the therapist (lines 55, 57-58). Instead of making a commitment to an answer he changed the topic to complaining about his wife and the list that she had made for him of things that needed to get done around the house (lines 60-65, 70-85). He added that the kids had a list of things to do when she was gone, and he also had a list of things that needed to be done (lines 73-75). He admitted to becoming lazy and wanting to get his energy level back to where he was 10 years ago (lines 78-85). This seemed like an unrealistic goal; but this topic was not introduced, perhaps because it was too confrontational for a female therapist to address a male client. Leisure time is often diminished during this stage of family life; however it is particularly diminished for women. The therapist chose not to educate him about this. The story in the analysis revealed that the wife had been attempting to get her husband to take on more house care responsibilities by providing a list. The therapist did not ask why the wife worked so hard at getting his attention to accept these responsibilities and why the husband thought that he was exempt from these duties. The therapist allowed the husband to not respond to the topic, and therefore he was not held accountable.

### **Male client refused to allow the therapist to direct the topic**

The therapist in this session attempted to direct the male client to focus on hobbies. She responded to his complaints of lack of time for himself. She had implied that if he were happier by engaging in a hobby then the marriage would be happier. He

basically rejected all of the above and rejected ownership of responsibility for his happiness and changed the subject. He wanted to talk about bathroom projects.

290. T: okay now [ that's ]

291. M: [ uh ]

292. T: something

293. [different then that's a pro::ject. ]

294. M: [ okay BUT ]

295. M: BUT it's a project but it's something that

296. needs to be dône.=

297. T: Uh huh=

298. M: But I've asked her (.) go look around find

299. this tile buy samples so I know where to get it

300. at and what you're looking for= I bought

301. samples to bring home that (.5) you know (.)

302. the- these are things where I need hêlp with

303. [ I just ]

304. T: [um hum]

The therapist began a turn by using a notifier “okay” (line 290) and attempted to redirect him away from the topic of “projects” (lines 290, 292-293). He had stated earlier in the session that he dreaded these house projects. However, the male client interrupted the therapist (lines 291 and 294) because he did not want to be influenced by her. He wanted to talk about what he wanted to talk about, that being a specific tile project, and he did this in lines 294, 295-296, and 298-303. He used interruptions and a louder voice (line 294) to steal a talk turn away from the therapist. It appeared that the therapist relinquished her efforts at this point due to his position of not being influenced by her. She gave two minimal responses in lines 297 and 304. He asserted his dominance and an unequal right to talk and he controlled the topic.

### Why does the therapist “shift the focus” now?

The therapist made an attempt to “shift the focus” during this next segment of talk. During this entire session the female client had been describing how she did not have the power to influence her husband. She described his obsessive nature with her, although she used different words. The therapist chose not to address this topic with the male client because she must know that she does not have the power to influence him. Instead, she called upon the female client to accommodate. The female client is confused as to why her topic was dismissed and the therapist decided that it was time to “shift the focus.”

405. F: [ Nô: ] I'm home I'm home  
 406. sometimes but sometimes I go out. If I'm at  
 407. Wal- one time he called three times where are  
 408. you (where?). Honey if I go to Walmart do I  
 409. have to tell you that I went to the gym. That  
 410. took an hour and a half. Then I came home.  
 411. I was taking the puppy out. He called when I  
 412. was outside taking the puppy to use the  
 413. bathroom (.) I'm not taking the phone out with  
 414. me because I'm taking the puppy out. I have  
 415. to wait ten fifteen minutes for her to try and do  
 416. something. And then the kids we- we want to  
 417. go do something. They're on vacation. Do  
 418. you want me to just stay home the whole  
 419. time? That takes half the day doing errands.  
 420. (.)

421. T: Okay let's shift the focus

422. F: I don't understand.

423. T: to what a solution would look like okay  
 424. what needs to happen. You know what the  
 425. problem is (.) okay what needs to happen?  
 426. (1.5) What needs to be different about this?  
 427. (4.0) What needs to be different ha- about (.)  
 428. you getting some time and I'm hearing time  
 429. for yourself.=I'm also hearing cooperativeness  
 430. between the two of you (.) And I'm also

431. talking I- I- I'm also hearing about ho::w

432. requests are made.=

The female client began this segment of talk by overlapping the last word (line 405) of the therapist's question to her. She explained that her husband was very possessive and she believed he bought her a puppy so that she would stay at home more. She said that her husband called her frequently when he was at work (lines 406-415), and she explained that she has many responsibilities. The topic for the wife was that her husband focused on her, and she described his monitoring behaviors. Instead of developing this topic, the therapist stated in line 421 that it was time to shift the focus of the session. This was done without acknowledging what the female client had shared. The female client responded by saying that she did not understand (line 422). The therapist ignored her comment (lines 423-432) and continued to explain how the focus needed to change. The therapist did not accept the topic that the female client disclosed.

**He liked this topic and was willing to develop it**

Not surprisingly, speakers will participate more eagerly in a topic of interest. In all female groups who have more interactional conversation, the women's style is to show attention to other speaker's topics, not just their own. This is not the case in mixed gender talk. Throughout the session, the male client did not engage well in other's topics. However, he was very engaged in the topic of sex, which he consistently brought up. He also invested a great deal of energy in complaining and not answering questions about hobbies for leisure time. The topic that the male client wanted to discuss all along was about having more sex. Rereading the transcript made this more apparent.

481. M: I don't know I guess just getting just trying

482. to get remotivated but it just seem- (2.5) the

483. the best way to describe it (2.0) a:nd the less

484. physical (2.0) the marriage became the less

485. motivated I became.

486. T: Um hum (2.0) (.h) so you believe that if

487. you could be (.) have more affection

488. [ and ]

489. M: [um hum]

490. T: And and and more active sex life (.) that that

491. would energize you?(.)

492. M: Yeah (1.0) I'm not going to say it's going to

493. be an overnight change. (1.0)

494. T: Um hum (.)

495. M: u::hh my mind set has got to definitely be

496. different. (.)

Up to this point in the discourse the main topic themes were he does not have the same energy that he had 10 years ago, he lacks motivation, he does not have enough leisure time, the wife wants him to talk to her, he does not want her to tell him what needs to be done around the house, and he wants her to be his "emotional kick." In line 481 the male client shared how he is not able to get remotivated, and he blamed the lessening physical aspect of their relationship (lines 481-485). The therapist gave a minimal response in line 486, waited 2 seconds, took in a breath (line 486), and restated his comment (lines 486-488) before naming the word "sex" (lines 490- 491). He gave her an appropriately placed minimal response (line 489) to encourage her development of the topic (lines 492-493). She encouraged him with a minimal response in line 494. He stated that his "mind set has got to definitely be different" (lines 495-496). Apparently this meant that it could take a period of time of having more sex before he would respond. The therapist did not inquire about this statement; however, she developed the topic of sex with him and she did not have to work to have his participation (lines 487-498).

### Silencing the wife to give him control of the topic

Speakers fall silent especially after interruptions and overlaps in their talk and absent or delayed minimal responses. The speaker who falls silent is usually a woman. The therapist silenced the female client during the following excerpt, which gave the male client more talk time and development of his topic.

533. F: [ I think ] I know

534. what he's talking about (.) BUT at the same

535. time when you talk about [ (?) ]

536. T: [ Well wait ]

537. T: [ Okay ]

538. M: [ #( ? )# ]

539. T: You think he know- you know what he's

540. talking about but you don't know so you got to

541. check that out. (1.0)

542. F: \* um hum okay \*

543. M: >Like I said< (.5) as far as as a physical

544. (?)I would like to kiss more no okay French

545. kissing is fun a little bit is okay but still you pull

546. away from me just even regular kissing. (2.0)

547. In in the bedroom as far as (.) oral goes there

548. are things that (.) that you don't want to do

549. which is fine (.) I have no problems with that

550. (.) But there are things that I'm doing that I

551. enjoy (1.0) that I don't want to (3.0)

552. T: stop

553. M: stop I want=

The female client began a talk turn (lines 533-535) but was interrupted by the therapist (line 536). She continued to talk but it was inaudible. The male client and the therapist speak at the same time (lines 537-538). During this overlap, the therapist used the notifier word "okay" in line 337 to give the signal that she would take a turn, and the

male client challenged her (line 538). The therapist continued speaking in lines 539-541. The female client softly delivered a minimal response in line 542. She did not continue to speak, and she withdrew from the conversation; her voice had been silenced by the other speakers. The male client then seized this opportunity to speak. He began again quickly (line 543) with “like I said” as if he was continuing his turn and he did not acknowledge that his wife had attempted to have a turn. He spoke without interruptions and used several pauses throughout his turn in lines 543-551. The therapist collaborated with the male client in lines 552-553 and together they had simultaneous speech, reflecting a more harmonious relationship between the two of them. Ultimately, the male client controlled the topic and the female client was silenced by both the therapist and the male client.



## CHAPTER 5

### RESULTS: PART II

Three couple counseling sessions were analyzed and documented in this chapter. The first two pages in each of the three result sections describe seven of the eight linguistic characteristics of speech that were analyzed in this study. The seven characteristics include talk time, interruptions, overlaps, collaborative talk, minimal responses, use of questions, and hedges. Topic control could not be summarized, but some examples were used for documentation purposes. Following the two page summary are selected segments of talk which highlighted interesting observations about each of the sessions related to language and power.

#### **Case of “Much Ado About Nothing”**

This counseling session took place in April 2004 in a private practice setting in a small city outside a large metropolitan area in Florida. The male counselor is an experienced licensed marriage and family therapist who had been practicing for 19 years. The married couple of 29 years had been attending marriage counseling for a total of two years biweekly with this therapist, although there was a history of couple’s counseling for 3 years bi-weekly before they came to see this therapist.

The session was analyzed for 35.56 minutes. The number of words and utterances spoken throughout this time frame was 3,209. The female client spoke 31% of the time, speaking 1,009 words. The male client spoke 21% of the time, speaking 657 words; while the therapist spoke 48% of the time, speaking 1,543 words.

## **Interesting Observations in the Case of “Much Ado About Nothing”**

### **Male Therapist Rescued the Male Client with Interruptions**

Overall, the female client interrupted the therapist one time during the analysis and did not interrupt her husband. The male client interrupted a total of four times, three times into his wife’s talk time, and one interruption into the therapist’s talk time. The therapist interrupted five times; twice he interrupted the female client and thrice the male client. All three of the interruptions by the therapist into the male client’s talk time were attempts to help him, rather than an aggressive linguistic move to take an extra turn. The male client appeared to have a difficult time expressing himself as evidenced by several linguistic features including a small amount of talk time, the use of many hedges, and the many questions that were directed to him by both the therapist and his wife in order to engage him.

Apparently, in a previous session the couple had agreed on a plan, in which the male client, who controlled the money, would provide financial information to his wife, transfer the automatic deposit of his paycheck to a new account, and let his wife have access to the account. He had been dragging his heels in completing this plan, and this counseling session was supposed to focus on what was getting in the way. It was reported throughout the transcription of the session that the male client had opened the account and provided a list of the bills to his wife, but the account did not have any money in it since he had not switched the automatic deposits. He continued to make financial decisions without consulting her, as previously agreed upon in marriage counseling. She was frustrated and angry because of this and also because he had placed them in another financially compromised position, although minor. Previous to this segment of talk, the therapist had reframed the problem as a need to work together and as a communication

problem. The therapist had defended the male client from his wife's inferences that he was not organized. However, framing the problem in this fashion did not directly address the issue of power and control by the husband.

56. T: You're talking about it (.) and  
 57. about it in ways that are constructive then  
 58. you can find a way to make it work. (3.0)  
 59. What were you going to say Roger? (5.0)
60. M: I guess I'll just have to::: (.) I mean I  
 61. gave her a list of the bills (.) so I'll have to  
 62. put amounts and [ (?) ] (2.5)
63. T: [ How can ]you make the transition from  
 64. whe::re (.) that is now to the new plan that  
 65. you kind of have in mind? (2.5) I mean the  
 66. new plan is the new account both of you  
 67. working on it more or less together (.)  
 68. right? (.) But yet you still haven't made  
 69. that transition. (2.5)

The therapist attempted to direct the couple to talk in "ways that are more constructive" in order to "make it work" (lines 56-58). He paused 3 seconds, and neither the female nor the male client responded, at which point, the therapist asked Roger what he wanted to say (line 59). This was odd and out of place since it was so delayed. Upon reviewing the analysis of the prior conversation, there was a point, six talk turns earlier, where the therapist had paused 7.5 seconds and the male client made an utterance and an audible exhalation, "um (hhh)." Apparently, the therapist must have been referring to this utterance when he asked the male client what he wanted to say (line 59). Through the entire session the therapist worked hard to get the male client to speak, and this was a good example of this pursuit. The male client made three hedges in the first line of his response (line 60), indicating an evasive answer. Following the hedges, he stated that he "gave her a list of the bills" (line 61) as if this were enough action on his part. He then

stated that he would have to do something with the “amounts” (line 62). The remaining message is inaudible because the therapist interrupted at this point (line 63). The therapist came close to holding the male accountable for his lack of action in transferring money (lines 68-69), but this was diluted with references to both of them instead of being directed specifically to the male client (lines 63-69). Following this segment of talk, the male client stumbled through his response, and the therapist interrupted and rescued him again.

### **Therapist Used Fifteen “You Know’s”**

The female client used eight hedges throughout the analysis, and she did not use the phrase “you know.” The male client used 21 hedges, which included two “you know’s.” The therapist used 34 hedges, which included 15 “you know’s.” This phrase is said when there is a lack of minimal responses from the listeners. The female client used two minimal responses, both to the therapist; and the male client used three minimal responses, two to the therapist. One segment of talk from the therapist included four “you know [’s]” when he was addressing the male client.

457. T: And then on the other hand (.) you  
 458. know that does not make Roger >\* you  
 459. know \* just cause your< I mean just cause  
 460. your can’t keep up verbally you know you  
 461. got a Masters degree and you’re a  
 462. professor and (1.5) (.hh) (hh) you know  
 463. you have a level of intelligence here and  
 464. capabilities so again you guys are gifted  
 465. in different areas. (4.0)=

466. M: =I mean I- (.) I couldn’t explain to her  
 467. why I had why I wrote the check.(.5)

Before this segment of talk the therapist had explained that “it’s not unusual for women to have the edge when it comes to verbal battles.” The female client made a

comment about the uselessness of verbal battles, which was ignored. The therapist stated four “you know’s” during his talk turn (lines 457-460 and 462) and hedged once (line 459). One of the “you know” hedges was preceded by a 1.5 second pause, an audible inhalation and an exhalation (line 462), which allowed the male client plenty of time for a minimal response. The nine lines of discourse by the therapist could be summarized as a defense for the male client. Four seconds lapsed (line 465) before the male client spoke (line 466). The male client responded, beginning with a hedge “I mean,” in which he shared that he could not explain his actions as to why he wrote a bad check (lines 466-467). Following the explanation for writing a check for which there wasn’t any money in the account, a collaborative segment of talk evolved between the male client and the therapist. However, throughout the session, it did not appear that the male client linguistically supported either the therapist or the wife.

### **Lack of Response from the Male Client to a Question Posed from His Wife**

The female client asked nine questions, seven of which were directed to her husband. Two of the seven questions that the female client asked her husband were the same, merely repeated. He answered four of these questions without delay: two were answered with an angry or loud voice, three were not answered at all after long pauses, and two were answered with an excuse. The following excerpt is an example of the nonverbal response from the male client to one of her questions.

82. F: What you’ve told me < three or four  
 83. different times> that you never called back  
 84. over there. (3.0) And that’s been like over  
 85. three weeks so (1.5) what am I supposed to  
 86. think? (.) What am I supposed to think?  
 87. (5.0) And that’s what makes you mâ::d.  
 88. (14.0)

89. M: ((clears throat)) (hhh) (7.0)

90. F: I cān't do it. (1.5)

91. M: No I know you can't do it. But I gave

92. you a list of things that we had to pa::y

93. F: Now wait a minute. Now I'm not talking

94. about that. I'm talking about you switching

95. the [deposit over]

The female client started a turn (line 82) in which she asserted that she was told several times by her husband that he had not followed through in 3 weeks' time, with the necessary phone calls to get the direct deposits set up for the new account (lines 82-88). She used several pauses, some quite long, which were places that one would normally expect some type of minimal response or a reply. The pauses were as follows: in line 84, a 3 second pause; in line 85, a 1.5 second pause, and on lines 86-87, a short pause; finally, in line 88, a 5 second pause and a 14 second pause after her turn ended. She asked the same question twice in line 86. She did not have a habit of using "you know ['s]" where a minimal response would be appropriate. Instead, she appeared to be comfortable with pauses. However, she did not get reciprocation in the conversation, as indicated by the frequent pauses, lack of minimal responses and nonresponses to her questions.

Usually, the male therapist would interject if the male client did not respond and nurse him through an answer or defend him instead of holding him accountable to respond. Not responding to a question is a dominant linguistic move and reflects a greater amount of relationship power. The male client responded nonverbally after a long pause (line 89). First he cleared his throat, exhaled loudly, and then paused 7 seconds: that constituted his turn. After she realized that she was not going to receive a verbal response, she simply added to her recount (line 90). He verbally responded to this (lines

91-92), following a 1.5 second pause. He agreed with her comment in line 90 that he was the only one that could take the action to resolve the problem, but used a tense and angry voice. He defended himself in that he had taken some kind of action, just not what was needed to resolve the problem so that his wife could have access to the money. She asserted herself and called him on his lack of action in lines 93-95. This was an exhaustive linguistic dance for the wife in which she did not have much of a return.

### **Therapist Posed Many More Questions to the Male Client**

Questions are often used to engage the other party in a conversation because they demand an answer. The female client asked nine questions, two to the therapist and seven to the husband. The male client asked six questions, and all were directed to his wife. The therapist asked the most questions, a total of 17. Three questions were directed to the female client, 11 to the male client, and 3 to both of them, although one of these questions should have been directed just to the male client. The therapist asked almost four times as many questions to the male client as he did to the female client.

One question was used to inquire if the male client was going to say anything, “What were you going to say?” Two questions, being similar, were asked in the same talk turn of the therapist. The wife answered the question(s) after a 2.5 second pause; the male client did not respond. Two questions that the therapist asked the male client were to clarify facts. One question asked the male client if he took ownership of his difficulty with organization. It was a closed question. Two questions asked if his wife was aware of certain financial information. Three of these questions were categorized as enabling questions. Two of these are included below.

- 495. M: (.hh) But I this was like 10 or 15
- 496. minutes before I thought Laura was
- 497. going to come in and pick up the ri::ng =

498. T: the ring right =

499. M: And then she would be devastated

500. because she couldn't get the ring and it

501. was like [(?)]

502. T: [ (?) ]

503. F: >[ She's ] devastated when she can't

504. use the phone when she wants to. < (1.0)

505. T: Um hum so you felt like you were in a

506. pretty major bind (.) there right? (.5)

507. M: (.h) Right. (2.0)

The husband was stonewalling his wife as far as allowing her access to a bank account that had money in it. He had opened a new account; however, for 3 weeks he did not make any substantial deposits, including his paycheck, as they had agreed upon. He had a history of being disorganized and not remembering to pay bills on time, racking up late fee charges and not making good financial decisions. Their daughter, a student in high school, ordered a class ring, and the final payment was due on a particular day. The daughter had asked for a check from her father. A collaborative segment of talk emerged between the therapist and the male client at this time. The one comment the female client made, a sarcastic remark in lines 503-504, was ignored. The therapist showed empathy for the male client's predicament as indicated by his responses (lines 498 and 505-506). In addition to the empathy, it appeared that the question enabled the male client to create an excuse for messing up the checking account once again by writing a check without the funds to support it. The original problem of keeping the wife out of the financial loop is not addressed. The male client agreed with the excuse that the therapist provided (line 507).



The next question by the therapist was sandwiched between comments made by the female client. This generalized comment woven into the therapist speech was another enabling question that created an excuse for the husband to not follow through and make the deposits.

- 515. T: = Right that's true. (.5) And uh Roger
- 516. you're just trying to do the best you can
- 517. (.) given the situation that you have? (1.0)

In line 515, the therapist agreed with the female client's general remark that "not everything is avoidable." The excuse embedded within this question is that the male client is doing "the best [he] can given the situation that you have." This question by the therapist indicated alignment with the male client. The male client did not comment or answer this question. Instead, after a 1 second pause, the female client spoke and said that if he was more aware then there would not be so many crises.

### **So Many Excuses for the Male Client to Not Make the Financial Transfer of Money**

The therapist seemed to dance around the issue of confronting the male client about why he struggled so much in making the transfer of money to the new account that his wife would have access to. The male client offered different reasons throughout the analysis including he forgot, he was overwhelmed, his wife wanted to control everything and acted too parent-like which prompted him to act too child-like, and he has Attention Deficient Disorder. The therapist offered many different explanations as well. The following segments of talk captured this rationale. Interestingly, there was never a conclusion or a challenge toward making this important financial move happen, which would have helped equalize the power in the marital relationship.

- 13. T: And of course the finances is a (.)
- 14. manifestation of the differences in how you
- 15. operate and your difficulty in (.) working

- 16. together and the conflict that it causes. (.) I
- 17. mean there's other areas that your financial
- 18. thing is a good (1.5) example of that or you
- 19. know reflects that difficulty. (3.5) And
- 20. actually it's a very sensitive area for you
- 21. Diane so it (1.5)

The therapist framed the financial problem as a “manifestation of the differences in how you operate” (lines 14-15) and adds that this is a very sensitive area for the wife (lines 19-21). However, he does not discuss the need for both of them to have the same financial knowledge and access and equal power in the relationship.

- 47. T: Well (.) I don't think the problem is so
- 48. much that you're different or that: (.) Roger
- 49. is no::t as organized as you are or (.) I think
- 50. (.) it has to do a lot with communication
- 51. and the lack of it and the quality of it. (1.0)

The problem is framed as a communication problem (lines 50-51). He defended the husband by stating that he did not view their problem as one in which they had so many differences between them (line 48) or that the male client was not as organized as she was (lines 48-49).

- 158. T: > (If you're having ?) a good time <
- 159. may be (.) Roger can listen better. (3.0)

Prior to this statement by the therapist, the female client complained that her husband “doesn't listen to me or hear what I'm saying.” The therapist responded and implied that if the wife made a change and was having “a good time” (lines 158-159) then her husband could “listen better.” She ignored this comment and explained how her husband made bad financial decisions and paid many late charges.

- 167. T: So overall it's not working in that it's
- 168. not working well but it doesn't necessarily
- 169. mean that every single thing that Roger's
- 170. doing with money is wrong.

The therapist minimized the financial errors that the male client was reported to make by both his wife as well as himself. The female client tried to prove why she should have more financial control since her husband did not do a good job. It was sad that she felt like she had to prove that she had a right to have this power. The therapist defended the male client in this segment (lines 167-170) and missed the point of the female client asking for equal financial power and influence. In addition, he showed alignment with the male client and belittled the female client in the process.

345. T: Um hum. (.) So how can yo:u (2.0)  
 346. serve as a backup to that plan so if Roger  
 347. forgets there's a backup system? (3.0)

The previous segment of talk revealed how the therapist considered the wife to be the "back up plan." She seemed to accept this and proceeded to discuss a plan that would require financial knowledge that the husband held. Being the back up plan is not a good representation of equality in the relationship. The female client seemed to accept whatever power she could gain.

414. T: So how can you have an adult-adult  
 415. relationship instead of a parent-child  
 416. relationship (.) um given you::r um (.)  
 417. abilities and strengths and weakness  
 418. regarding money or anything else? (.)  
 419. because you are going to operate  
 420. differently. (6.0) Somehow Roger you  
 421. have to be:: acting more adult-like and  
 422. Diane you have to be acting less parent-  
 423. like. (2.0) That would be my (1.0)  
 424. observation. (4.0)

The previous talk segment characterized how the therapist viewed the relationship problem. He explained that the marital problem was one in which they had a one up and one down position with each other (lines 414-416). He explained that the wife needed to be "acting less parent-like" to her husband (lines 422-423) and that the husband needed

to be “acting more adult-like” (lines 420-421). Interestingly, the therapist did not say that the husband needed to be acting less child-like. Nonetheless, the therapist implied that the wife has more power in this one up position. The therapist did not recognize their financial issue as being one in which the male client did not want to relinquish his power to control the money, even though he admits that he is forgetful and not very good at managing it.

### **Therapist Made Fun of the Female Client in Order to Align with the Male Client**

Prior to the following segment the therapist had once again presented the marital issue as a communication problem. The female client used the ring purchase fiasco by the husband as an example of how she viewed the problem.

374. F: And here's the thing too about the ring  
 375. = I had been asking him at le:ast once a  
 376. week about that ring (.) for months (3.0)  
 377. and he told me he was going to call them  
 378. and he was going to handle it. =

379. T: Right. (2.0)

380. F: And then I'm not supposed to get  
 381. upset because he didn't do what he sa::id  
 382. which to me goes back to well (.) when I  
 383. say something you act like it's written in  
 384. stone (1.0) which means that I'm  
 385. supposed to know whether he means it or  
 386. not. (2.0)

387. M: (.hh) How how many years ago did I  
 388. say that? (1.5)

389. F: Two. (2.0)

390. T: She probably has the date down too  
 391. Roger =

392. M: I know.

393. T: ((laughs))

394. M: I'll pay for that forever. (4.0)

The female client is clear about her recount of why she was not involved in the ring purchase (lines 374-378). The therapist gave her a minimal response (line 379) followed by a pause of 2 seconds before she began speaking again. She continued to explain that she was told that her husband would handle the ring purchase. In addition, she explained that her husband believed that she should know whether he means what he says or not (lines 381-386). A 2 second pause elapsed before the male client took his turn. He inhaled and then asked (line 388) “how many years ago did I say that?” She answered his question with a single number following a pause. The therapist joined the conversation by joking that “she probably has the date down too, Roger,” (lines 390-391) and the males continued to joke together (lines 392-394). This comment reflected alignment by the therapist with the male client and collaboration between the therapist and the male client by belittling the female client. The female client defended the attack and began explaining her position following the joking. The therapist laughed but the female client did not.

### **Case of “One More Degree in the Bedroom”**

This counseling session took place in July 2004 in a private practice setting in a large metropolitan city in Florida. The male counselor is an experienced licensed marriage and family therapist who had been practicing for almost 15 years. The couple had been attending marriage counseling for a total of 3.5 years with this therapist. Originally, they attended sessions weekly for 1.5 years, then every other week for 1 year. They took a break from therapy for 6 months, and then had been attending every other week for the past year. They had not received marriage counseling previous to this therapist. The couple had been married for 6 years and lived together for 4 years prior to their marriage.

The session was analyzed for 33.77 minutes. The number of words and utterances spoken through out this time frame was 3,281. The female client spoke 34% of the time, speaking 1,117 words. The male client spoke 50% of the time, speaking 1,624 words; while the therapist spoke 16% of the time, speaking 540 words.

### **Interesting Observations in the Case of “One More Degree in the Bedroom”**

#### **Therapist Made Many Sarcastic Remarks to the Male Client**

During this session, it appeared that the therapist attempted to provoke the male client to express anger. Many of the questions that the therapist directed to the male client were antagonistic and difficult to respond to. Three segments of the therapist’s speech captured this action. Before the first segment of talk, the male client complained that they had two large dogs and a cat that slept with them in bed. The female client had complained that her husband did not snuggle enough with her, and he appeared to take offense to this statement.

In order to understand the male client’s response, starting on line 89, it is necessary to understand to what he is responding. His wife spoke for 28 lines to answer the question posed by her husband about what would make her more comfortable to sleep in the bedroom. Lines 27 through 36 highlight (extracted from the total turn of lines 14-41) her comments about the lack of “snuggling” in their relationship.

27. ....um (.) and go with the socks. (.) I do like
28. having the dogs in the bed because I actually
29. feel safe and protected and and lo:vêd because
30. they (.) snuggle on me (.) so it’s very (.) like
31. it’s lôve. (.) We used to snuggle (.) but
32. we don’t snuggle any more so there- there
33. would be really no literally no physical
34. contact in our bed if it wasn’t for our pets. =
35. So that has become like really important to
36. me. (.) Um (.) so I guess that’s about it. (.)....

Line 31 is the beginning of her recount about not snuggling anymore with her husband and a report about their lack of physical contact in their bed. She shared how important their pets were to her because they snuggle with her and make her feel loved, lines 31-36.

89. M: So the thing of (.) oh (.) we don't  
 90. snuggle (3.0) I mean as if I wouldn't. (.)  
 91. Okay we've tried a couple of times since  
 92. we've been in the new house (.) and what  
 93. happens is the dogs climb all over the two of  
 94. us (.) when we're doing that. (3.0)
95. T: Your house has gone to the dogs? (1.5)
96. F: \*I don't agree with anything he's  
 97. saying.\* (3.0)
98. T: I don't think you got enough animals. (1.0)
99. F: I don't either. (1.0)
100. M: Two dogs and four cats isn't enough  
 101. animals? (1.0)
102. T: In bed with you (.) it's not crowded  
 103. enough. (.5)
104. F: As long as there's room on the bed  
 105. somewhere for someone to sleep we need  
 106. more ((laughs)) I want kids on the bed. I  
 107. want everyone to be like STOP DON'T.  
 108. MY COVERS (.) I want some of that  
 109. going on (10.0)

The male client mocked his wife's comment and defended himself (lines 89-94).

Three seconds lapsed after his explanation of why he was not able to snuggle in their new house (line 94). The therapist made a joke in the form of a question (line 95), which would be difficult to respond to because it is unclear what his intentions were. However, it appeared to discount the male client. In line 96 the female client stated that she

disagreed. Three seconds lapsed (line 97) so that there was time for a change of speaker. Instead of a dialogue, the therapist made another sarcastic comment (line 98). This comment would also have been difficult to respond to, which the male client did not. The female client responded (line 99) and joined the therapist in discounting her husband's narrative. The male client took the comment literally; it would have been difficult to challenge the therapist's provocation or discounting since the comments were made in a joking manner. The male client asked a clarifying question (lines 100-101) to the therapist about what he meant. The therapist made another jab (lines 102-103) to the male client about not having enough animals in bed with the two of them. The female client jumped into the conversation and added that she wanted kids in the bed with them. Ten seconds passed, and no one responded to this revealing remark. All three of the sarcastic comments made by the therapist and directed to the male client were discounting and provoking.

The next segment of talk is preceded by the male client explaining that he thought his wife only hears that he is angry but does not understand what he is angry about. He stated that if she believed there was an issue important to him, she would not want to help find a remedy. The therapist responded one second after this recount with the following speech.

131. T: Wo:w (4.5) You're a real son of a bitch

132. you know that?(.)

133. F: Yep (.) obviously. (2.5)

134. T: What would happen if she understood

135. (.) could you stand it? (2.0)

136. M: If she a::ctually understood it? (.)

137. T: >Yeah< (1.5)



The therapist made a prolonged mocking “wow” remark (line 131), paused 4.5 seconds, before making a sarcastic remark that was directed to the female client. This triangulated her into the discounting of the male client’s story (lines 131-132). She followed the therapist’s lead and agreed with him (line 133). Next, the therapist asked a bizarre question in lines 134-135, which would be difficult to respond to due to its derogatory nature. Two seconds passed and the male client asked a clarifying question (line 136), which indicated that he interpreted the therapist’s comment literally.

Several times through the session the male client attempted to share his concern about the bedroom temperature being too hot for him to sleep comfortably at night. Once he said to his wife, “I don’t understand how in all the ways that I’ve said it you’re not hearing what I’m saying about this situation.” He complained that it felt like his wife was unwilling to compromise. The following segment of talk began with the male client making a statement about his view that his wife is unwilling to offer a compromise.

260. M: [But also] I am looking for (.) um (.)

261. to be comfortable in my own hôte. (.)

262. And I have gone to her and talked to

263. her about that an- and there has

264. been no compromise. (.)

264. T: Do you like her running your show?

265. (2.0) You’re not even comfortable in

266. your own house? (.) < dâ::mn> (.) When

267. did you turn it over to her? (2.5)

268. M: ~\*She dôes make most of the

269. decisions in the hôte [ ( ? ) ]\*~ (.4)

270. T: [Rêally]

271. M: Yêa:h (.) [I think] so. (.5)

272. T: [ ( ? ) ]

273. T: What the hell you letting her do thâ:t

274. for? (2.5)

275. M: I don't have a problem with it (.) for

276. the most part (.)

277. T: We're not talking about for

278. [the most part.] (.)

The male client recounted his story in lines 260-264. Following a slight pause, less than .2 second, the therapist asked two questions in a disrespectful and prodding way to the male client that challenged his power in the relationship (lines 265-268). In spite of these sarcastic remarks and questions the male client answered in a soft voice (lines 269-270) and agreed that his wife made most of the decisions in the house. His talk was interrupted by the therapist (line 271); therefore, part of the talk became inaudible. The male client answered again (line 272) and this time the words of the therapist were inaudible and overlapped those of the male client (lines 272-273). Again, the therapist prodded the male client (lines 274-275) with a question that challenged his power in the marriage. The male client answered without getting angry (lines 276-277). His answer was challenged again by the therapist (lines 278-279). The male therapist seemed intent on provoking the male client into anger by responding with sarcasm.

### **Therapist Rescued the Female Client**

The marital couple had been discussing the bedroom temperature. They both argued their positions; his being that he was too hot and sweaty to sleep comfortably, and she arguing that she woke up in the morning with a runny nose, burning eyes and throat, and that she was too cold. The therapist asked the couple if they both "agreed on something." The male client said that they had not, and the female client said that indeed they had. The following segment is the next part of the dialogue.

1. M: Okay so [ what ]
2. T: [ wha-]
3. M: would so what would make it more
4. comfortable for you Rebecca? (5.0)
5. F: \*Lo:ts of things I think would (.) make it
6. more comfortable for me. (.) Are you
7. seriously âsking mē? or (.)\* [are]
8. T: [Talk] talk to
9. me Rebecca.
10. F: Um (2.0) I would be su:pêr comfortable (.)
11. actually (.) can I include fantasy things too?
12. like a new mattress stuff like that. (.)
13. T: ~\*If you want the ideal sure.\*~

The male client began a question to ascertain what his wife's comfort needs were (line 1). The therapist interrupted him with one word but cut the word short (line 2). The male client continued his turn (lines 3-4). Five seconds lapsed and the female client began an answer. She answered in a quieter voice than normal (lines 5-7). She paused slightly, twice (lines 5-6), and hedged (line 5); however, after the second pause, the therapist intervened by interrupting (line 8) and asked the female client to talk to him instead of her husband (lines 8-9). It is assumed that the linguistic characteristics that prompted the therapist to rescue the female client included the male client portraying dominant linguistic features such as interrupting and speaking in an angry tone, as he had done earlier, while the female client spoke in a soft, quiet, child-like voice with several pauses and a hedge. The female client said "um," paused 2 seconds and then answered (line 10) but directed her response to the therapist, as prompted. She asked the therapist, like a child to a parent, if it was okay for her to "include fantasy things too" (lines 11-12). He gave her permission by answering in a soft and quiet voice (line 13).

## Male Client Interrupted 22 Times

The male client interrupted 22 times; 18 of these were interruptions into his wife's speech, and 4 interruptions into the therapist's talk time. All of these interruptions aided the male client to gain the majority of the talk time during this session, which amounted to 50%. Prior to this segment of talk, the couple had argued about how the male client treated his wife when she worked "in the office to help [him]." She had stated that she would not be "talked to that way," and because of his treatment of her she would not help him anymore. The male client tried to claim that the "two things are separate issues," but his wife did not accept this reframe. In the three previous talk turns that the female client initiated, her husband had interrupted her all three times. The interruptions continued in this excerpt.

495. F: They're not separate issues (.) if you  
 496. were my boss I would have told you to  
 497. go fuck yourself and [ I would quit.]

498. M: [ Right ] and I said  
 499. [ if you were-if you were]

500. F: [ Nobody's talks]

501. M: my employee I never would have  
 502. hired you. =

503. F: Then wh<sup>^</sup>y do you [ want me: to come  
 504. in to help you? (.) so you can berate me.]

505. M: [ The point is I <  
 506. be:ggged you > to come help me in the  
 507. office] because I needed help. (.5)

508. M: Did I not beg you to [ come to the ]  
 509. office because I needed help Rebecca?  
 510. F: [ SIMO:N ]

The female client responded first assertively, then aggressively (lines 495-497), and yet she was again interrupted by her husband before completing her speech (line 498). His interruption was documented in line 498 with another interruption in lines 498-499. He overlapped her speech both times because she continued to talk in spite of his interruptions. She did not give up her turn during this segment, except in line 500. He repeated words twice in line 498 and 499 in order to dominate the turn and gain control. He ignored her turn (line 500) and continued to speak (lines 501-502). She responded to his statement (lines 503-504), but he interrupted her again (lines 505-506). Finally, she interrupted him back by saying his name (line 510) in a loud voice in the middle of a question that he asked her (lines 508-509). Following her one word interruption, she was able to speak for eight lines without any interruption from him. Her use of dominant linguistic behavior was successful in this case.

### **Two Males Battled for Control of the Topic**

Prior to the following segment of talk, the male therapist and the male client had been speaking to each other for the past 25 talk turns. The male client had spoken 12 times, and the therapist had spoken 13 times. During this time, the male client spoke for 24 lines of talk, and the therapist spoke for 23 lines of talk. They were both arguing whether the issue that needed to be addressed was that the male client was not comfortable in the bedroom or in the entire house. The therapist asked if the main goal of the session, for the male client, was to “talk about things that have bothered [him].” Strangely, the therapist asked the male client if he was bothered about sex, even though sex was not mentioned before in this transcript. Once again, during this all-male conversation segment, the therapist asked him if the issue for him was “sleeping and sex.” The male client ignored his comment about sex both times. The men seemed to spar

back and forth to control the topic. In general, they took turns during this verbal duel, except for two interruptions by the male client and one by the therapist.

298. M: That's what I'm talking about. (.) I'm  
299. not talking about my ho::me. (.)

300. T: Okay you're comfortable at home (.)  
301. except for the bedroom. (1.5)

302. M: *Well- I- Okay ! Now we're getting*  
303. *into an area of of discussion that really*  
304. *isn't pertinent to the issue because (.) the*  
305. *way it is right now (.) neither one of us is*  
306. *comfortable in the new home. It's not*  
307. *finished. We've got issues going around*  
308. *with the house and everything else (.) that*  
309. *would take fifty tapes and three weeks (.)*  
310. *to go through. =*

311. T: Really =

312. M: That we're both uncomfortable with  
313. the house with nôthing to do with either  
314. one of us (.) in my opinion. =

315. T: And you don't fûss about those  
316. things? (.)

317. M: No we talk about them all the time  
318. and those underlying things are always  
319. there =

320. T: Um hum =

321. M: But in my opinion th- the area that (.)  
322. we both are involved in and that we both  
323. can do something about (.) is the sleeping  
324. arrangements in the bedroom. (.) The fact  
325. that our hoûse is unfinished lies with the  
326. builder. =

327. T: \*Sure\* =

328. M: And (.) you know (.) uh (.) other  
329. issues with the home (.) I mean just- it  
330. could go on forêver. (1.0)

(( rattling noise))

331. F: >\*Sorry\*<

332. T: That's okay. (.) \*(?) four o'clock\* =

333. M: So (4.0) I mean th- the issue of-

334. I mean we don't have any fûrniture = the

335. issue of uh- uh- uncomfortability in the

336. whole home (.) I think is a mutual one

337. that we share. (.) The issue that I'm

338. making is (.) the sleeping at night. (.)

339. T: I'm aware that no matter what I say (2.5)

340. M: [I]

341. T: [I'm] ending up in an argument like

342. you do (3.0)

343. F: \*I agree with you.\* (1.5)

In this segment, the male client began by explaining that the topic he was addressing was specifically about the bedroom comfort and not about the entire house (lines 298-299), as the therapist had purported. The therapist seemed to want to antagonize the male client (lines 300-301) since he had already explained himself and the therapist continued to belabor a point that was already made. In frustration, as indicated by a tense and angry voice, the male client attempted to control the topic (lines 301-310) and correct the therapist for his waywardness. He specifically told the therapist that he was discussing an issue that was not pertinent to the topic at hand. The therapist responded with one word, "really" (line 311), and this was said in a sarcastic tone. The male client emphasized his position on the topic again (lines 312-314). The therapist challenged him again to talk about the house rather than the bedroom (lines 315-316). The male client explained that he and his wife discussed the house issues "all the time" (lines 317-319). The therapist responded with one utterance, "um hum" (line 320). This

utterance was not a minimal response but said in a patronizing tone. The male client repeated himself and stated that he thought that the topic needed to focus specifically around the comfort of the bedroom (lines 321-326). The therapist responded with one word, “sure” (line 327). The male client continued again to explain his position as to why the topic was about the sleeping arrangements in the bedroom and not the entire house (lines 328-330). Following this dialogue, a rattling noise was heard, which was later identified as the therapist getting ready to type a letter. There must have been some kind of physical interaction with the female because she said “sorry” to the therapist (lines 331), which was the first comment she made during this entire exchange between the males. The therapist quietly said something about the time (line 332). The male client repeated himself again, but during this last explanation he hesitated three times, cut off two words, repeated two words, said “uh” consecutively, and spoke with three hedges (lines 333-338). All of these linguistic features were evidence that the male client relinquished his position of dominance to the therapist. The therapist ended this protracted exchange by stating that he thought the male client was argumentative (lines 339, 341-342) and triangulated the female client into this position in which she agreed with the therapist (line 343). The male client attempted to interrupt the therapist (line 340) with one word but stopped. The topic was never agreed upon by the men, and the session deteriorated from this point on.

### **Case of “Stepping Out for Power”**

This counseling session took place in March 2004 in a private practice setting in a moderate size municipality in Florida. The female counselor was an experienced and licensed marriage and family therapist who had been practicing for 15 years. The couple had been attending marriage counseling for a total of 20 months with this counselor. The



first 6 months they were seen weekly, then bimonthly for 1 year, and then as needed, which they defined as weekly or at least once a month. The couple had seen a different marriage counselor previously for 3 months on a weekly basis. The couple had been married for almost 20 years. He had two children from a previous marriage, and she had no biological children. He was 56 years of age and she was 47 at the time of this session. She was married to him when she was 27 years of age and he was 36. They lived together for 2.5 years before getting married. They met and began their affair while he was married to his first wife. They are both Caucasian. She had a degree in nursing, and he had 1 year of college. The husband and wife did not want to report exact monetary amounts for their income; however, he made twice the amount of money she made. The couple did not have a history of mental illness, hospitalizations, or use of current medications. Based on their history, the counselor determined that this couple met the criteria of being a nonviolent heterosexual couple and that they were free of major psychopathology.

The session was analyzed for 36.56 minutes. The number of words and utterances spoken throughout this time frame was 5,425. During this time-frame, the female client spoke 43% of the time, speaking 2,336 words. The male client spoke 38% of the time, speaking 2,084 words; while the therapist spoke 18% of the time, speaking 1,005 words. Since the segment of discourse chosen for analysis appeared to be inaccurate in reflecting the talk time of the entire session, the number of words and utterances throughout the entire session was calculated. Consequently, the entire session included 14,366 words or utterances. The female client spoke 36% of the time with 5,225 words. The male client

spoke 41% of this time with 5,922 words; while the therapist spoke 22% of this time with 3,219 words.

**Interruptions.** The female client interrupted a total of 9 times during the analysis: 4 times her husband and 5 times the therapist. The therapist interrupted 8 times: 4 times the female client and 4 times the male client. The male client interrupted 21 times during the analysis: 13 times his wife, and 8 times the therapist.

**Overlaps.** The female client overlapped the therapist three times and she did not overlap her husband's turn. The male client did not overlap anyone. The therapist overlapped the female client twice and did not overlap the male client.

**Collaborative speech.** There were two segments of collaborative speech. One took place between the therapist and the female client, and the other took place between the therapist and the male client.

**Use of questions.** The female client asked 3 questions, all of which were directed to the therapist. The male client asked 9 questions and all were directed to his wife. The therapist asked the most questions, a total of 25. Twelve of these questions were directed to the female client and 13 to the male client.

**Hedges.** The female client used 22 hedges throughout the analysis, which included 6 "you know's." The male client used 21 hedges, which included 5 "you know's." The therapist used 14 hedges, which included 6 "you know's."

### **Interesting Observations in the Case of "Stepping Out for Power"**

#### **Few Dialogues; More Monologues**

This session consisted of a series of monologues by the speakers. Apparently, this was how their sessions evolved and was normal behavior for the participants. At times, the monologues were so long that only one speaker was recorded on one page. The

monologues served another purpose as well in that the speaker who held their turn also held the power. It appeared that once a speaker lost their turn a long time would elapse before they would gain another turn. Due to the length of these talk turns, only a piece of it will be illustrated. The following demonstrated how the listener interrupted in order to gain a turn due to the length of the monologue. The female client spoke 63 full lines of text before the following segment.

427. F: ((63 lines of text))...But (2.0)  
 428. [ you YOU WANTED] ME TO MAKE THE  
 429. PHONE CALL.
430. M: [ Wait No No ] Jenna I've dumped  
 431. everything on you = Now [ I've I've]
432. F: >[ Wait a minute ]  
 433. I'M NOT DONE <
434. M: \*Okay\* (.)
435. F: You wanted me to make the phone call the...

The female client paused two seconds (line 283), and this was enough time for the next speaker to begin a turn (line 286); however, the female client was not done with her turn. As a result, she repeated the word “you” (line 284); and when her husband continued to speak, she raised her voice to maintain her turn (lines 284-285). However, her husband continued to speak, so she interrupted him in return (line 288). His interruption included repeating words (line 287), which is an aggressive behavior in the stealing of a turn. She stopped him (line 288) and in a loud voice claimed her turn by announcing that she was not done (line 289). He quietly said “okay” in response to her demand (line 290). The female client continued her turn (line 291) and spoke for another 17 lines until her husband interrupted again. There appeared to be a competition between the husband and wife for holding on to the talk turn. This is reflective of an active power

struggle in their relationship. This couple has not learned how to share power as represented by their linguistic behavior.

### **Serious Interruption Problem for the Male Client**

The male client spoke more than any other speaker during the entire session, that being 41%. He interrupted a great deal, which in turn cleared the way for more talk time. The therapist did not hold him accountable for this aggressive linguistic behavior; however, the female told him twice that she was not done with her turn. He interrupted 21 times during the analysis, 13 to his wife, and 8 to the therapist. The following is a segment in which he interrupted on five occasions during a short period of time.

451. F: \*Th[at was part of it. I never finished.\*]
452. M: [ YOU TALK ABOUT BEING ] excluded.
453. (1.0) >okay< (1.0) when we bought the house (.)
454. we bought the house together (.) Right? (4.0)
455. You were hardly excluded (.) in buying the
456. house.(.)
457. F: That's not what I [ (?) ]
458. M: [ YOU WERE HARDLY ]
459. um hum = but you were <ha::rdly excluded> in
460. buying the house.=
461. T: You're taking it all or nothing
462. [ when she's talking about ]
463. M: [ NO what I'm- NO) ]
464. T: certain [ types of decisions.]
1. M: [ She's talking about the kÎDS.] Yeah-
2. if it was a <spe:cific> <decision about (.) Shawn
3. or Justin (3.0) < I think there is sometimes (.) this
4. (.) second wife issue that says (.) I am (.) I am not
5. giving in = I am going to take a position. > = okay
6. T: [ (?) for the heck of it? ]\*

7. M: [ I HAVE ALWAYS ] (1.0) always...
8. ((goes on for 29 lines))

The female client spoke in a lower volume when she told her husband that she never finished with her talk turn (line 451). He interrupted her in line 452 by using a loud voice. Once he gained possession of the talk turn, he paused six times during this turn, indicating a position of privilege. The pauses denote that he did not feel concerned about others cutting into his turn when he paused. He asked his wife a question (line 454) but did not wait for her answer. It appeared that he really did not care about hearing her answer because he interrupted her again (line 458) before she was able to reply (line 457). He slowed his words down and emphasized his point (line 459), both being dominant linguistic behaviors. The therapist attempted to intervene, not in addressing his interruptions, but in how he was generalizing her statement to mean “all or nothing” (lines 461-462). He interrupted the therapist, raising his voice when he repeated the words “no” (line 463). In spite of this, the therapist continued her turn (line 462), but he interrupted again (line 465). He did not want to hear the therapist hold him accountable and so he chose to ignore her and talk over her speech. He took offense and became angry about a comment that his wife had made earlier. This comment was a complaint that she felt that she did not have enough decision-making power in the relationship. He blamed her and implied that she was stubborn because of her role as his second wife (lines 467-469). The therapist attempted to interject again (line 470), but she was again interrupted by his loud voice as he spoke over her. Once he gained the turn, he paused for one second (line 471) and then continued a monologue for 21 lines.

### **He Controlled the Topic**

Preceding this segment of talk, the male client had explained that he should have agreed to divorce 1.5 years ago, when his wife had wanted this. He recounted how the

two of them had initially agreed that their marriage would end only through divorce or death and that there would never be room for an affair since that is how they launched their relationship. The therapist asked for clarification since all marriages end in this way. The therapist was interrupted by the male client during this exchange, and two turns later she interrupted him in order to add clarity to his statement. The therapist represented only 18% of the talk during the session. The male client controlled the topic for the majority of time. The following is an example of how the male client refused to follow the lead of the therapist.

427. T: [But] maybe your relationship is m<sup>o</sup>re than  
 428. th<sup>a</sup>t = maybe yo<sup>u</sup>::u're [you can understand it.]
429. M: [ >Okay< so- all right- ]  
 430. Let's- let's- put that let's let's put that aside= okay  
 431. that's- that was something we we had talked  
 432. about. (.) So we've gotten beyond that. I decided  
 433. that the relationship was more important than a  
 434. divorce so hence we started coming here a year-  
 435. and-a-half ago > \*I think\* < (.) Okay. I think it  
 436. was just to give me a breather so that I could get  
 437. some clarity because I was seeing some knee-jerk  
 438. reaction immediately. (1.0)
439. T: Um hum (.)

The therapist overlapped the first word of a new sentence begun by the male client (line 427). The therapist did not make herself clear (line 428) because she was interrupted by the male client (line 429). He repeated several words as he told the therapist that her topic needed to be “put aside” (lines 429-432). He attempted to explain his past actions and why he sought counseling (lines 432-438). The therapist did not challenge this dismissal but instead gave him a minimal response (line 439).

### Therapist Gave an Unequal Amount of Minimal Responses to the Couple

The female client did not use any minimal responses during the analysis. The male client used three in support of the therapist but not to support his wife's talk. The therapist used a total of 14 minimal responses during the analysis: 5 were directed toward the female client and 9 were directed toward the male client. The therapist gave the male client almost twice as many minimal responses during the analysis. The female client did not share minimal responses with anyone. In this way, the therapist supported his talk more than hers. In addition, the only two segments of collaborative talk developed between the therapist and the male client.

379. M: We (.) no because affairs in themselves are  
380. not very nice and and we [ would actually ]

381. T: [ With each other ]

382. F: > But I mean < [ I'm (talking ?) the action ]

383. M: [ QUOTE WE ] WOULD  
384. actually quote to people (.) cause a lot of people  
385. kne::w (.) < about our relationship. > (.)

386. T: \*Um hum\* =

387. M: And how it came about. (.)

388. T: Um hum (1.5)

389. M: And we said two things (1.5) could end the  
390. marriage (.) and that was either divorce or death  
391. but there would < ne:ver eve:r > be another affair.  
392. (.5) Affairs are far too much trouble. (.) They-  
393. they- they are heart wrenching they are just  
394. absolutely too much trouble.= And- and- Jenna  
395. and I both agreed that (.5) < be:-cause > we had  
396. this (.) emotional (.) not just the physical but the  
397. emotional attraction \*>towards one another < \*  
398. because we both did discuss e::verything and did  
399. not hold anything back (.) that we were willing to  
400. pay the price (.) for the affair (.5) follow it through

401. (.) divorce our spouses (.) spend a couple of years  
 402. together until > I sort of got a < ha:ndle on  
 403. sobriety or at least that two years of being dry! (.)  
 404. and then gôt mârried.=

405. T: Um hum=

The female client hedged and spoke quickly (line 382), perhaps due to intimidation from the therapist's interruption and the male client's previous repeated interruptions. In this case, the therapist had interrupted the male client (line 381). Her husband then interrupted her in mid-sentence (line 383); and although she continued speaking, it was not clearly audible. Subsequently, the male client spoke loudly in order to steal the talk turn away from her (line 383). While speaking the last three words, he slowed down (line 385), perhaps because he knew he had full control of the turn. The therapist supported his talk with minimal responses in lines 386 and 388. One-and-a-half seconds passed after the therapist's minimal response (line 388), enough time for another speaker to take a turn. It appeared that both females in the session had learned that they had to fight for a turn and therefore chose to remain silent and be listeners instead of battling to get a turn. The female speakers opted to not take a turn; therefore, the male client spoke again (line 389). He made 13 pauses during 16 lines of talk (lines 389-404), including three words that were noticeably slower than the surrounding talk (lines 391 and 395), all signaling a sense of confidence that his talk turn would not be interrupted and that the female audience would listen. The therapist gave him another minimal response (line 405) when he completed his turn. Following this excerpt, the male client was the next speaker to take another turn. The female client did not speak again for two-and-a-half pages. In the 18 lines, the male client interrupted the therapist twice and the therapist interrupted him twice.



## Cornering His Wife with Questions

The male client asked his wife nine questions and did not ask the therapist any questions. Many of the questions that he asked her functioned as manipulations so that he could make a point. The questions were argumentative. The male client had two sons from his first marriage. The oldest son came to live with this couple when he was 15.5 years of age. Before the son came to live with them, the two boys visited their father and stepmother every other weekend. The female client referred to the stress that the oldest son caused in their marriage after he came to live with them permanently. It was reported during the session that the oldest son had a history of delinquency, which included going to jail until his father bailed him out and crashing his car and destroying it at 16 years of age. During the analysis, the female client shared how she did not feel like she had a vote in decisions made in their marriage. The husband became angry and reminded her that she had had a vote in buying their house. She complained that she was not consulted when it came to his two sons. The male client defended himself and shared how he did not exclude her from participating in decision making. Next, the female client complained about their lopsided responsibilities.

291. F: You wanted me to make the phone call the
292. same as you always want me to call Ninette your
293. father's ex girlfriend (.) or girlfriend
294. whatever.(3.5) Honey sometimes I don't want all
295. this responsibility on me. (.) I want you (.) to help
296. out with some of the responsibilities(.) help out
297. with- yes let's make decisions let's talk about
298. them let's let's let's do it.(.) I mean granted now
299. I don't have to necessarily worry about the boys
300. (.) and I don't have Justin that lives under our
301. roof. (.) It scared me to death when Justin said he
302. was going to come back over here to (XXXX!).
303. And I thought there's no way in hell he's moving
304. back in with us (.) to come back to XXXX to get
305. his bachelor's degree. < No:: way.> Because if
306. that happens I'm- I'm not going to do it.(.)

307. M: *You're going to do what? = Finish the*  
 308. *sentence. [ What are you going to do? ]*
309. F: [ I'm not ] going to have him live under  
 310. the same roof with us again (.) p̣eriod. =
311. M: I think the rest of the sentence was (.) I'll  
 312. move out. (.) I- did- did I hear that coming? (3.0)

The female client shared how her husband expected her to do the phone calling and caretaking of relationships (lines 291-298). She asserted that she did not like having to shoulder all this responsibility. She shared a story about feeling fearful when the oldest son said he wanted to “come back over here” to attend college (lines 299-302). She made a stand that he would not live in their house after everything they had been through with him (lines 303-306). The husband challenged her position in an angry tone (lines 307-308) by asking her the same question twice and commanding her to “finish the sentence” (lines 307-308). They both started talking at the same time, which was counted as an overlap (lines 308-309). She answered the question clearly by repeating her position (lines 309-310), that she did not want his adult son living with them again. The male client believed that she withheld saying that she would move out of the house if he allowed his son to move back into their house. The male client then stated what he thought she might have said (lines 307-308). She repeated her answer but in a different manner and continued to hang on to her position (lines 309-310). He mocked her voice (line 311-312) and then asked “did I hear that coming?” to challenge her position of power. She had given him the same answer three different times but the male client continued to challenge her. I wondered if his repeated adversarial challenges wore her down and that this is what happened in the home so that she did not have a voice about issues such as parenting.

## CHAPTER 6

### IMPLICATIONS FOR THE PROFESSION

This chapter will include a discussion of how the findings from this research will extend the body of knowledge in the field of marriage and family therapy. It also discusses whether the research supported or failed to support its guiding theories: feminist theory and dominant theory of gendered language.

The results of this research support the guiding theories of this study. The eight areas of focus on linguistic patterns were talk time, interruptions, collaborative talk, use of minimal responses, use of questions, control of topic, overlaps, and the use of hedges. Three of the four male clients used more talk time, the other male client's talk time was in part represented by his male therapist who rescued his inability or/and unwillingness to participate in the dialogue whereby he was being held accountable by his wife for a relational violation of power differentials. All four male clients interrupted more during the counseling sessions than any other participant. The male clients' interruption of their spouses as well as the therapists ranged from 2 to 5.5 times more frequent than those of the female clients. Three of the four sessions revealed collaborative talk; but, surprisingly, it was between the therapists and the male clients. No collaborative talk was identified between the male clients and their spouses. This collaborative talk was in part supportive of the unexpected alignment of the therapists of both genders and the male clients during the sessions. Two of the male clients did not use any minimal responses to support their wives' speech, one used one, and the other used seven. Surprisingly, there

was an unequal use of minimal responses by three of the therapists in favor of the male clients' speech.

In two of the four sessions the male client asked many questions to his wife; however, these questions were interrogative and aggressive. The therapist asked numerous questions to the male client, many more than to the female client. This was interpreted to indicate that the male client took a linguistic position of privilege in that the therapist labored to protract a response from the male client. Not only was the topic controlled by the male clients more than the female clients but they also controlled it more than the therapists, who are presumed to be responsible for this therapeutic task. The therapists were repeatedly interrupted by the male clients when they attempted to redirect the topic away from their topic of choice.

As with other research on linguistic overlaps, this study was inconclusive on overlaps and this will be elaborated upon later in this chapter. In this study, the use of hedges was divided into those used with certainty and those used with uncertainty. The use of the specific hedge, "you know," which signals a lack of response by the listener was also coded. Two of the four therapists, one male and one female, used an extraordinary amount of hedges in their talk. Most of the "you know" hedges that the therapists used were located in the talk when they addressed the male client. This signaled a lack of response from the male clients. The results of this study have contributed to the understanding and further development of future studies.

It is apparent that the male clients dominated the talk, and this is evident in the couple's counseling session. None of the therapists confronted the male clients for their dominant linguistic behaviors. One female client confronted her husband once for interrupting her, although he interrupted 21 times during the analysis. In addition, the

female client was often silenced by the therapist through other linguistic features such as giving the male client more minimal responses, allowing him to control the topic, joining him with collaborative talk, allowing him more talk time, and interrupting him less.

More specifically, three of the four male clients and one male therapist, who spoke often on behalf of the male client, dominated the talk time in the counseling sessions. Males, both clients and therapists, used up more talk times than the females in all cases. The four female clients spoke 31%, 31%, 34%, and 36%; close to one third of the talk time. The four male clients spoke 35%, 41%, 50%, and 20%; the latter was the case where the male therapist often spoke for the male client. The two female therapists spoke 34% and 22%, while the two male therapists spoke 48% and 16%.

Male clients interrupted more than female clients. Interruptions into another's talk time were consistently done more by the male client; 14 to her 7, 4 to her 1, 22 to her 4, and 21 to her 9. Overall, the four therapists interrupted the male clients more frequently than the female clients. In two of the four cases, the male client was interrupted more than the female client by the therapist (a ratio of 3:2 and 4: 2), with most attempts made at regaining control of the topic; one case revealed the same number of interruptions by the therapists to the male client (a ratio of 4:4); and the fourth case revealed the female client was interrupted more than the male client ( a ratio of 4:6). Male clients controlled the topic 100% of the time; and if the therapist attempted to redirect the topic, the male client displayed dominant linguistic behavior as an indication of resistance. The superseding topics in the four counseling sessions were his wanting more unrestricted marital sex, his reluctance to deposit money into a joint account, his wanting the temperature in the bedroom to be one degree cooler, and his wanting to have an "affair-type relationship" with his wife. All four of these topics were determined by the male

clients although there were obvious failed attempts by the female clients to discuss topics that were of concern to them. These included respecting sexual boundaries, having outside interests in male friendships or hobbies so as to not focus his attention so much on her, complaining about his monitoring her whereabouts, wanting relational respect and linguistic response, stonewalling her financial access to marital money, wanting children, not acknowledging her accommodation to the temperature negotiation, wanting her husband to accept more relational caretaking responsibility of family members, and having “a voice” in the relationship and decision making. In all the cases the women did not have the power to have their topics accepted by their husbands or the therapists. There were times that both the husband and the therapist, both male and female, entirely ignored her response or topic introduction.

In general, the female clients (2,7,5,3) and the therapists (30,11,17,13) asked more questions to the male clients than the male clients asked the female clients (0,6,9,9) or the therapists (2,0,5,0). The two times that the male client asked his wife more questions than she of him occurred when the male client was agitated and interrogative with many of his questions. The four therapists appeared to labor with numerous questions to engage the male client. Sometimes the questions were evaded and never answered. Responding in submissive linguistic behavior was witnessed in the therapist and evidenced by their asking the question twice, stuttering, hedging, or repeating questions to the male client. Ultimately, he was not held accountable for not answering a question. More collaborative talk occurred between the therapist and the male client (1,2,0,2) than the therapist and the female client (0,0,0,0). This was further evidence that the therapists were more supportive of the male client’s talk than the female client’s talk. No collaborative talk occurred between the husbands and the wives during the session.

The therapist directed an unequal amount of minimal supportive messages to the male clients. Minimal responses directed to the male client by the therapist numbered 9, 22, 14, 10, as opposed the 5, 8, 26, 2 directed to the female client. One session revealed about twice as many minimal responses given to support his talk in contrast to her talk, one was three times as many, and one was five times as many. One counseling session was reversed in that the male therapist supported the female client with almost twice as many minimal supportive responses than the male client. It was assumed that this occurred because the male client was angry and hostile during the session and the male therapist attempted to rescue the female client in many ways, increased minimal responses being one of them. The lopsided nature of the supportive messages to the male client from the therapist reflects that the male talk was valued more than the female talk. Minimal responses directed by the wife to the husband numbered 0,0,0,1 while those of the husband to the wife were 0,0,1,7. Both number sets indicate a lack of support for each other's speech, which would be expected with couples in conflict receiving marriage counseling. The male client delivered 3,2,2,4 minimal responses to the therapist; the female client directed 0,3,2,5 minimal responses to the therapist. The five messages of support from one of the female clients was the case in which the male therapist rescued her from her husband's hostility and anger. If this were factored into interpretation, then it could be said that the total supportive minimal responses from the male clients were 11 and the adjusted minimal responses from the female clients were 5. It would make sense that the male clients would offer more minimal responses to a therapist who valued their talk more than their partner's talk.

The dual vision in being a feminist researcher is to contribute in ways that lead to greater gender equality as well as expanding the knowledge base. Feminist researchers

often integrate and draw on methods and ideas from other disciplines other than their own and aim to create social change (Avis & Turner, 1996). This research encompasses all of these ideas. I have integrated the feminist critique of marriage and family therapy practice with the dominant theory of language in sociolinguistics and discourse analysis. This study expanded the knowledge base of gender equality in the clinician's office. As a marriage and family therapist, I am equally concerned for both the male and female clients. The lopsided power differentials in couples create obstacles in reaching meaningful emotional intimacy and connection for males and females. It is difficult for any couple to reach conflict resolution of presenting problems in therapy when power differentials exist and are not addressed.

Research that does not include a social cultural perspective of gendered power will be less than adequate for moving the research in this area into a new dimension of understanding (Haddock, Zimmerman, & MacPhee, 2000). Language is a crucial variable of power that encapsulates our sociocultural environment, even in the therapist's office. It is important to continuously uncover covert power relations that operate between heterosexual couples, which are constantly enacted and reproduced in marriages but also in the therapeutic system. This research not only illustrated that the gendered power differentials are identified through linguistic behaviors but it also exposed the therapist's contribution to this discourse by valuing their male client's talk more than the female client's. A closer look at the couple's language situated in a therapy room reveals that all three members of the marital counseling session contributed to reenactment of patriarchal dominant rules.

### **Socioeconomic Status (SES), Gender and Power**

The emotional component of a relationship cannot be negotiated until the issues of money and access to it are leveled. Women are more likely to compromise their power



in intimate relationships when they and/or their children's financial security could be in jeopardy. After all, it takes money to raise children, especially if the wife is a full-time unwaged mother. Therefore, information about SES and children are included in this section. Basic financial information was ascertained on the demographic form filled out by the clients (Appendix G). In the case of "What about Her Needs," the male client listed that he earned approximately \$70,000 a year, and the female client listed her waged earnings as \$30,000. They have two school-age children, assumed to be in elementary school. In the case of "Much Ado about Nothing" the male client listed his annual earnings as \$65,000, and she listed her earnings as "none." The couple has three older children. In the case of "One More Degree in the Bedroom" the male client listed his income as \$170,000 a year and she listed her income as "none." They do not have any children, although in the counseling session the female client mentioned that she "wanted some." In the case of "Stepping out for Power" both the male and female clients listed the amount of money that they made as "confidential" but agreed to share that the ratio of his earnings to her earnings was 2:1, so that he earned twice as much as she did. The husband has two grown sons from a previous marriage. The wife does not have any children, and she emphasized that she "does not have any children of her own." She appeared to be resentful that she helped him with his two children and did not have any of her own. She was 27 years old and he was 36 years old when they were married. Based on the timeline provided, she would have been 25 and he would have been 34 when they started their affair. He already had two school-age sons at this time.

The story about gender, power, and money appears to be clear in the four cases that were analyzed for this research. In the case of "What about Her Needs" the wife compromised a great deal of her power in the marriage because she needed his waged

earnings for herself and their two school-age children. She does not compromise completely because she challenged her husband in that he was misrepresenting himself to say that he wanted to please her when really it was all about him. She also explained that she had grown to be more assertive in this relationship as compared to when she met him at 22 years of age, and she challenged his monitoring and controlling behaviors, basically sending him a message that he needed to get motivated and add some other interests to his life. He was 10 years older and apparently more dominant at the beginning of the relationship. This was not a woman who gave up all her power. This was a woman who also earned \$30,000 for a 24-hour work week. She has a 2 year college degree and has earning potential. This couple would have a chance at working out their marital issues if the financial arrangement was leveled so that her husband did not have a monetary power advantage in their marriage. The probability that the power differentials would be leveled in this relationship without help is not high. The discourse analysis of this marriage counseling session supports this theory.

In the case of "Much Ado about Nothing," the wife had no financial power. She did not have waged income, nor did she have access to the \$65,000 that her husband made. This was the concern that she expressed throughout the marital counseling session. They had three grown children. She appeared to be relentless in holding her husband accountable to making the financial deposits necessary for her to access the marital money, although one is left wondering if this would ever be done since her husband seemed to be stonewalling and the male therapist inadvertently enabled him by not holding him accountable for this power move. They married when she was 18 years old and he was 21 years old. She listed 2 years of college education and has earning potential. However, they had been married for 29 years, raised three children, and the

length of time that she has not worked for wages is unknown. She may feel constrained by her options. Although she was persistent in her efforts to gain financial access, the possibility for her gaining equal financial power is not high due to the fact that he believed he had the privilege to stonewall in the first place. The linguistic analysis supports this theory.

In the case of “One More Degree in the Bedroom” the wife has no financial power that was apparent in this counseling session. She listed that her husband made \$170,000 plus a year and she did not make any money. They do not have children, although she mentioned that she wanted some, and it appeared that he was the one holding out. They are both 35 years of age, lived together for 10 years, 6 of these years as a married couple. Both were 25 years of age when they moved in together; their previous relationship time together is unknown. He listed that he had a Bachelor of Arts degree, and she listed 2 years of attendance to a community college. She acted child-like in the session, and the male therapist appeared to rescue her several times from her husband’s dominant behaviors. However, she is not a total victim who has submitted completely to his control because she would not agree to his wish for one degree cooler in the bedroom, an obvious power struggle, and she told him to go “fuck [himself]” during the session. However, it appeared that he has financial control and the hope for this couple in resolving their emotional issues lies in the possibility of establishing financial equality.

In the case of “Stepping out for Power,” the wife behaved as if her husband had power over her, and he earned twice as much as her. She seemed to be avoiding addressing real issues during the session, and she appeared to be placating toward her husband, mostly acquiescing to his dominant linguistic behaviors and calling him “honey” when it was obvious she was angry with him about the issues. Some of these

issues included that she did not want the responsibility for taking care of his family, that she resented not having a “voice” in important decision making, and that she felt left out of parenting decisions. It did not appear that she did long-term step-parenting because it was mentioned that his son was 15 years-old when he came to live with them and the relationship that she had with his two sons was not close. “They are not my children,” she said. The husband behaved linguistically like he had the power in the relationship but she had the sexual power. The prediction is that if she gained access to the marital money, she would not stay married to him or she would have outside affairs, and I believe that the male client knows this. Protecting the money and investments that he makes from her would seem appropriate if he wants a marriage based on a lopsided power differential rather than risk negotiating a relationship based on equality.

Overall, all four cases are examples of four nonviolent heterosexual couples in marital counseling who reveal unequal power differentials as evidenced by the topics that were exposed, the gendered determined linguistic behaviors, as well as the socio-economic status of the wife and the husband in the coupled relationship. No longer is it appropriate to put the couple in a financial black box and assume that both have equal access and control. All four wives do not have financial power, and therefore they do not have relational equality or the ability to negotiate the emotional issues in the relationship without having at least one arm tied behind their backs.

### **Marriage Counselors Are Not Aware of Their Participation**

Researchers have stated that couples are not aware of the discrepancy between what they espouse as equality and what they actually practice (Knudson-Martin & Mahoney, 1996). It appears that marriage and family therapists are not aware of their personal participation and support in this hegemonic system. The therapist’s lack of

knowledge about gendered power conceals the existence of male domination and female submission in the therapy office. If they do not recognize the power differentials and how they affect the dynamics of the marital relationship, then surely the couple will not. Does this mean that participating in marital counseling is another subtle way the culture truncates the female experience? Have we created a system within our profession that has been unexamined and unopposed except by the feminist scholars that continue to not be mainstreamed within the profession of Marriage and Family Counseling?

### **Impotence or Not**

The question remains, how can marriage counseling be effective if qualified therapists are not aware of their own contribution in supporting male talk over female talk? There are many factors that contribute to obscuring women's entitlement to relational equality (Blaisure & Allen, 1995), now it appears that we need to evaluate the contribution that marriage and family therapists are unconsciously making in supporting the inequality through their own participation in the hegemonic system. The feminist defines the core marital problem as the patriarchal hierarchy, and this study has revealed that the therapists themselves are contributing to this hierarchy.

The eventual outcome of this increased counselor attention to power differences within the individual family environment is unclear. It is possible that the couple may experience more conflict as a result of their increased awareness. The question remains, can marriage and family therapists successfully help couples negotiate a relationship based on equality when the rest of the culture and the macrocosm in which we live fail to evolve in this same respect? Can the therapist move a couple so that they can mutually influence one another in an equitable and meaningful way? Or, do we avoid looking at this too closely because we may find that we are impotent to effect meaningful change?

Perhaps a female therapist may not be valued by the male client, and he may dismiss her invitation to evaluate his part in the relationship problem, which may include giving up culturally sanctioned marital gendered privileges. These concerns should not deter therapists in integrating feminist theory into the field of marriage and family therapy. By deconstructing the hidden power differentials in counseling through identifying linguistic behaviors, we all can contribute to greater authentication of relationships.

To increase the chance of meaningful interventions in couples counseling, the counselor must be informed of the power dynamics fueled by gender in relationships. The therapist will need to do extensive reading and conduct an honest and often difficult personal exploration in order to critically analyze the organizing principle of gender in society and develop effective intervention skills and strategies (Haddock, Zimmerman, & MacPhee, 2000).

The social contextual factors that are normally invisible to couples will need to be externalized and a model of mutuality offered (Knudson-Martin & Mahoney, 1996). Many of the couples' responses in the power differential studies were a reflection of deeply ingrained, gender patterns giving males invisible and latent power to define the relationship. The family therapist is in a position to determine how equality issues are part of the couple's conversation and challenge inequality in the gendered language. But first, the therapist must be informed about their participation in the system.

### **Language Is a Reflection of Our Cultural Rules**

Language carries the richness of our culture; we use language to enact and reenact activities, perspectives, and identities (Gee, 1999). It seems most appropriate to borrow some of the work from the field of sociolinguistics about dominant language and apply it

to the field of marriage and family therapy. This research identified power differences of couples in counseling through language as well as identifying the therapist's linguistic contribution to supporting the unequal power differences.

“Sociolinguists analyze speech in order to show that linguistic variation does not occur randomly but is structured: the aim of sociolinguistics is to expose the orderly heterogeneity of the normal speech community” (Coates, 1993, p. 4). This study was a reflection of the sociolinguistic approach of analyzing real speakers in a real speech community, that being the counseling session with a marriage and family therapist. “Language has meaning only in and through practices, practices which often leave us morally complicit with harm and injustice unless we attempt to transform them” (Gee, 1999, p. 8). Exposing the gendered nature of talk within the counseling session is an attempt to transform the therapist's awareness of the power dynamics that take place within the couple's counseling session as well as the therapist's contribution to supporting the majority language (dominant language).

#### **All Four Female Clients Mentioned That They Were Not “Heard” by Their Husbands and Some Don’t Talk Much to Their Wives**

All four female clients made mention during their counseling session that their husbands do not listen to them, though they each said it in different ways. None of the male clients complained that their wives did not listen to them. In the case about “Much Ado about Nothing” the female client said, “You tell him, I don’t know how else to tell him.” The therapist laughed at this point. She responded by saying, “He doesn’t listen to me or hear what I’m saying so.” Five seconds elapsed and the therapist said “If you’re having a good time maybe Roger can listen better.” This response was from a male therapist. In the case of “One More Degree in the Bedroom” the female client said, “I

feel that Simon, instead of just hearing me, he made a comment to try to show me that I'm wrong in my feelings." The therapist supported her talk by saying, "you noticed that too?" She continued and said, "And yeah and the, it's like makes me, whenever that comes up in our life I just, it's not worth it and I just don't defend myself any more. It doesn't matter." Later in the session she said to her husband, "I don't think you heard me" which was followed by a 9 second pause before he responded.

In the case of "Stepping out for Power" the female client said, "I needed to feel that I had a voice in our marriage, that my voice counted." Soon after she said, "I really didn't have a decision in the process at all you know." In the case of "What about Her Needs," the wife said during the counseling session, "No. Because I think in the very beginning I was very, I was not very assertive in how I expressed myself. And I think I'm a lot more mature now. When we got married, whatever you wanted, I would have said that's fine. Because it would not have bothered me. But now I'm standing up more to what I really think I want to do or what I like. You know, just a lot of different things. And I think that, I don't know if that causes a problem or not." Later she said, "Because he wasn't understanding what I was trying to tell him." She went further to explain that they have had a problem with him talking to her their entire marriage. She said, "No. He never verbalizes what he wants. That's why we're in counseling. Throughout our whole married life he would never tell me what's wrong, what's going on, nothing. Never open up." She explained that "I'm talking about just sharing with me if he's unhappy about something in the marriage or if it is something with us, or something. He doesn't share anything." She referred to her talking that, "Men might call it nagging, but I just, before he does not like me to tell him, so I would write notes and I would go to work, because I said well maybe my tone of voice, he won't hear my tone of voice. Maybe I'll just write



down, and I'll write it on a piece of paper, and I say please. Then before he would say oh, I forgot or this and that, so I would write notes."

### **Messages about Not Being an Equal**

In the case of "What about Her Needs," the female client said, "But, and that's, then I said to myself, you know, it's just, I don't know if his idea of the affection, you know, his love language is having sex and having someone to be there and keep house." In the case of "Stepping out for power" she recounted how her husband wants to have an affair type relationship with her, not a real partnership. Apparently, she was also assigned the duty of taking care of his family members whom she spoke about. In the case of "One More Degree in the Bedroom," the wife complained that he treated her badly at the office. And the wife in the case of "Much Ado about Nothing" was delegated to be the financial back up plan when her husband would forget to manage the money properly.

### **Everyone Talks at the Same Time**

From time to time during the analysis of the four counseling sessions an eruption of talk would occur in which all three participants contributed to linguistic chaos. However, with a closer inspection, the details of the linguistic power struggle emerged. The following is a description of one such example with a quagmire of interruptions and overlaps by all three speakers. The talk was very fragmented by everyone's violation of talk turns. It was like a single yawn in a room full of people, spreading until everyone participated. The topic had focused on the male client taking ownership that he needed his wife to give him an "emotional kick" in the relationship from time to time. All three people in the room were alert and active in the talk in this segment and all three started to talk at the same time. The therapist continued her turn even though she overlapped her talk with both the male and female client. After the therapist and male client both ended

their competition for a turn, the female client began to speak but stopped because the male client interrupted her. Then the therapist began to speak at the same time as the male client. The male client attempted to control the topic four different times by gaining a turn by saying “yeah but” once and “right” three different times. All four attempts were unsuccessful in that he never was able to finish his turn until just after this chaotic segment. Next the female client expressed a prolonged “oh” and then the male client spoke for 10 full lines, his point being that he felt like he worked all the time and that his wife played. In the end, the four interruptions by the male client were successful because he was able to have full control although there was a lot of confusion before this occurred. The linguistic behaviors of all three participants in the talk were not overtly examined or discussed.

### **Hegemonic Oppression of Male Experience**

The division of gender assigned duties and privileges may have decreased male duties and increased their privileges, but it also constrained their definition of self in relationship. During one of the sessions one male client complained about his narrow definition of maleness, although he used different words. He said, “I’m the maintenance guy here. I’m the bank. I’m the maintenance man.” He told his story with frustration unaware that our culture dictates a narrow range of relational connection for males; these are two of his main functions. Yet, in all fairness, his complaint for the session was not his constriction of self but rather the restriction of his right to more privileges, those being free time, less unwaged work, and more unrestricted sex.

### **Both Husband and Wife Interrupted Each Other in a Linguistic Power Struggle**

Throughout the analyses, there were many instances when the male client and the female client addressed each other directly and the therapist remained peripheral. The

next segment is a description of a power struggle between the wife and the husband as experienced through the couple's linguistic dance. She interrupted him three times in this segment, and he interrupted her three times. The analysis did not reveal any cooperative discourse between each other.

All six of these interruptions were clearly a violation of talk turns since they occurred during the other's turn and were not an over anticipation of a turn, in which an overlap would have occurred at the last word of the speaker. The female client was frustrated that her husband seemed to lack motivation to follow through with projects that he had made a commitment to. The male client began the interruption sequence by raising his voice throughout the entire sentence. The wife did not retreat and interrupted him back during his loud talk. The interruption sequence ended with the therapist interjecting, in a quieter voice, with an information gathering question to him as to whether or not starting and completing projects was a problem. This marital power struggle for talk time and control of topic was a good indication that the couple needed help in negotiating their power differences in the relationship; however, this was never directly addressed during this session.

### **Questions That Revealed Patriarchal Assumptions**

The four marriage counseling sessions revealed patriarchal assumptions buried within the language and questions of the therapist. One therapist did not acknowledge the female client's unwaged work as being a significant contribution. The therapist assumed that the wife had more time than the husband, and this was revealed in her questions. Furthermore, the assumption that only waged work is considered relevant was also embedded in the therapist's questions to the female client. She specifically asked, "Now

I need to clarify something are you Dee working the same number of hours that Wayne is?" And then she asked, "Okay would you agree Dee (.) that because of your work schedule it does free you up more?" Throughout the session, the female client had explained that she was busy taking care of their two children, running errands, as well as working a waged job 30 hours a week. The husband spoke in a manner that exposed his belief that his wife had a lot of free time to play and that he was resentful because he viewed himself as busy "working" all the time. His wife had explained that she felt like her husband was too focused on her and that he needed to have other interests besides her alone and his work. His focus was extreme and controlling, and she described monitoring behaviors. She commented that she believed her husband brought her a puppy so that she would be more house bound. The therapist asked the wife why she did not want to spend more time at her home as her husband had wished. "So are you saying you don't stay home because you don't find your home a pleasurable place to be?" the therapist asked. The controlling and overpowering relational style exhibited by the husband was not confronted. The entire conversation illustrated signs of patriarchal assumptions and rules.

### **Questions That Revealed a Lack of Response to the Abuse of Power**

It is understood, from a feminist perspective, that the wife asking or telling her husband her needs or wants does not influence him to change his behavior due to unbalanced power differentials between them. In one particular case, the female client attempted to explain to the therapist this lack of influence but the therapist remained unresponsive. The female client described how her husband would get angry and "not want to stop" sexually when she said "no." Specifically, the female client said, "I don't feel safe if it's just—I don't have that safe feeling." The therapist could have asked questions to inquire further about the safety in the relationship but failed to do so. There

did not appear to be any empathy for the wife's difficulty in telling about the abuse of power nor does her story cause the therapist concern, as indicated by her lack of a response. Instead, the therapist asked her questions that implied a lack of understanding of the sexual boundary violation and the unequal power differentials. The wife hedged an answer to the therapist that included two "you know[s]," where a minimal response from the therapist should have been found. The female client struggled to share any more since she did not receive linguistic support. She ended her response with "I don't know." The intervention required will need to go beyond the wife asking him to stop.

### **Questions for Clarification and Gathering Information**

Many of the questions that the therapists asked the male clients were for clarification and gathering information. The use of clarifying questions indicates to the speaker that the listener is actively listening. The use of questions also translates into more talk turns and more talk time for the person who is questioned. The use of questions also assumes that the person being asked is the holder of information. The questioner pursues the information holder in conversation. Overall, all four therapists asked the male clients more questions than the female clients, either reflecting the assumption that males are the holders of important information or that the therapists have to work harder at getting the male clients involved in the counseling discourse. These questions included those for clarification and gathering information.

### **Slow Deliberation with Frequent Pauses**

There were many segments of talk by the male clients where he slowed his talk pace and used frequent pauses seemingly without concern for interrupters. These segments occurred after he used dominant linguistic behaviors to gain the talk turn, including using a loud or angry voice, interruptions, and repeating words. Once he gained

the turn, there appeared to be a change in his speech as if he knew instinctively that he had the floor. The pauses were frequent and quite long in many places. It was evident in all four sessions that once the male client gained the turn to be the speaker, he spoke with unhurried deliberation.

### **Therapist Responded Differently When the Male Client Did Not Answer Her Question**

At times the therapist, both male and female, asked the male client a question and it was apparently ignored. The male client did not respond to 2 of 11 questions asked by a male therapist. After 2.5 seconds the wife responded to the questions directed to her husband. In another case the female client asked the male client 30 questions during the analysis, many times the same question was asked several times as if expecting no response. The female therapist behaved linguistically different when the male client ignored her question. Although the therapist's questions were sometimes evaded, one case brought the power dynamics to light better than other examples. The female therapist asked a question to the male client in which he responded in an evasive manner. Linguistic distress was not evident during the first time the therapist asked the question to the male client; she used a midway pause, she did not repeat any words, she was not interrupted, and she did not cut off any words. The male client answered slowly with an evasive hedge, "I guess." The therapist asked the same question again, but this time she hedged with "I mean," she cut off two words, "you-" and "wou-", and she stuttered the word "would" all on one line. The therapist appeared to experience some anxiety at this point as she realized that the male client claimed power over her and took a privileged position in that he did not have to give an answer. Basically, she asked the same question twice, and still did not get an answer. Instead of addressing this avoidance, the therapist

followed his topic lead. Interestingly enough, the question posed was whether he would respond to his wife's question if she asked it in a certain kind of way. Apparently, this particular male did not have to answer his wife nor his female therapist. Following his nonanswer, the session steered away from the wife's topic about wanting to get a verbal response from her husband toward all about his needs; he then proceeded to talk at length about his complaints about his wife.

### **Focusing on His Needs and Stories about Accommodating Him**

All four of the sessions were directed by the male client, including the one in which the male therapist spoke for the male client, often filling in the places where the male client would have been expected to speak. In all four cases, the development of the topic was about his needs. In the case of "One More Degree in the Bedroom" the theme was the husband being uncomfortable with the temperature in the bedroom; in the case of "Much Ado About Nothing" the theme of the session was about the wife wanting access to the financials and the husband not wanting this; in the case of "Stepping out for Power" the theme of the session was about his needs not being met in the relationship, he wanted an "affair-type" relationship with his wife; in the case of "What about Her Needs" the session was all about his needs not being met, specifically he wanted more unrestricted marital sex and more leisure time. If the counseling sessions focused on his needs this meant that the sessions did not develop the issues and concerns that the female client brought to the session. There was also evidence that the wives accommodated to their husbands' needs outside of the therapy room as well as inside the therapy room. In one particular case, the female client explained that their family vacation was centered on her husband's desire to fish. She recounted how she and the two children accommodated his needs and went to a vacation spot where he could go fishing. Then she shared that "he

had that perfect opportunity and he didn't go" fishing. Another story was told about how she attempted many different ways to communicate with him in hopes that he would communicate with her. She was unsuccessful. The therapist did not acknowledge all of the lopsided accommodating that the wife was doing and why this was happening. Apparently, no one noticed the lopsided attention to the male client's topics, either.

During the analysis of "Much Ado about Nothing," it was noted that one therapist asked a particular male client two questions that would have required a behavior change on his part; however, he never answered the questions. The therapist chose to continue her focus of interest in assessing the male client's need to recharge and how he would accomplish this. She worked hard to keep his interest and explained her position thoroughly in order to increase the chance that he would respond. She asked him to clarify that if he was more energetic then how would his marriage be different. This was an intervention that would link his responsibility of his self-care to his responsibility to the relationship. He did not accept this accountability, as evidenced by his avoidance. Instead, he chose to sidestep and talk about what kind of hobby he could chose and how this could recharge him. Actually, he never really committed to a hobby or an interest that he could do by himself in the entire transcript. Instead of answering the question, he decided to use his talk turn to protest more about how his wife wanted him to do more things around the house. Once again, he is not held accountable to being relational even in the talk with the therapist in the session. He did not want to answer the question because the topic was about his need to change. Interestingly, he demonstrated in the therapy session how he is not required to respond to his wife or to the female therapist's topics.



### **Feminist Research Not Informing Topic Development**

The feminist therapeutic interpretation is that a husband really does not want his wife to tell him what needs to be done with regard to household tasks and that he does not want to contribute equally to household chores since this would require more duties for him. In one particular session, this topic was developed clearly by the female client who revealed that she had attempted to communicate with her husband in many different ways about this issue. She relayed that she thought her husband did not like her to tell him what to do so she tried writing him notes instead. She recounted that she thought maybe she used the wrong tone, so she tried to say it nicer and said “please.” She also described how her husband would claim that he forgot to do chores or parent the two children, when the wife was gone, to enforce certain expectations so that she would help remind him with a list. She said that a list did not help solve this problem either. The wife was very accommodating; but the end result was the same, and she was left with the household chores. She explained that, “I would probably (.) he called it nagging but I just call it (.) it’s not nagging it’s more like just (.) telling s- verbalizing what just needs to be dône.” This female client stood alone because she did not get support for her topic development when this was a perfect opportunity to address the power dynamics of their relationship.

Additionally, during the session, her husband did not acknowledge the work involved in raising their two children. He complained that she had more free time while he was the one who worked so much. He recognized only waged work, which she also did at 30 hours per week. It was clear that the female therapist also did not value unwaged work the same as waged work and stated directly that the wife had more time on her hands than her husband who worked a full-time job, while she worked 30 hours of

waged work and took care of the house and two children. The ages of the children were not identified, but the story supported that they were both in elementary school. Therefore, the couple was not informed about recognizing both waged and unwaged work as being valuable and that his waged work would not be possible without her unwaged work contribution.

This couple also struggled with appropriate sexual boundaries. The wife complained that “he gets angry when I tell him to stop” and that she does not think “telling him will help.” This supported the story about how her husband was not influenced by her feedback to him. The wife shared that her husband tried to manipulate her and sell her the idea that he wanted to sexually please her, but she realized that it was really his need “to get his rocks off.” She said that she did not feel safe sexually. The therapist did not develop this topic that the female client exposed. She treated it like it was a matter of sexual preference and gave them both a long survey to complete and talk about at home. This was the same husband who stated that he did not feel like talking to his wife, that he was “a man of few words.” that that’s “just the way [he] is.” The therapist did not challenge him on this disclosure of proclaimed male privilege of relational talk.

Another case revealed the power struggle with money as the ultimate weapon. Apparently, the husband was supposed to have opened a new account with both his and his wife’s name on it. He was also supposed to change his automatic payroll deposit into the new account. There was enough evidence throughout the dialogue that the husband was not a good money manager. The husband himself admitted that he was not organized or a good money manager. A new account had been opened for 3 weeks, but the husband was stonewalling the deposit changes so that his wife still did not have access to the

money. The entire session went in circles, and the husband never gave a good reason for why he had not made the deposit change. However, he occasionally dropped messages about how he did not have to do it the way his wife wanted him to do it, that he did not have to have her be in control, and that he just did not know why he had not made the necessary and agreed upon changes to the new account so that his wife could have access to the money. The therapist appeared to enable the husband and not hold him accountable. The theme that the therapist tried to advance was that they just had “communication” problems and that they just needed to communicate better and “be on the same team.” There was no evidence that the power over money was assessed; there was never a discussion about leveling the financial power so that the couple’s emotional issues could be negotiated fairly and without contamination.

Another case revealed an emotionally dependent husband who also made twice the amount of money his wife did. She felt that he wanted her to have an “affair-type” relationship with him. He delivered many messages of “pay attention to me.” He demanded that sex with him had to include the notion that she really needed him. She told her story of feeling like he didn’t include her in important decisions and that her “voice was not heard.” She told a story whereby she was the caretaker of his family and complained that “[she] did not want all of the responsibility.” She seemed to use sex as a power contrivance, and she “stepped out” of the marriage once; however, the extent was not clear. The focus of the session became the topic that her husband wanted to advance, which was why she stepped out of the marriage 1.5 years ago. It was not clear why this was important at this point in time because it appeared that he had this knowledge soon after, and they both entered marriage counseling 1.5 years ago. The therapist allowed the

session to be controlled by the male client. The unequal power differentials were apparent between this couple and this fundamental marital issue was not exposed.

The last session focused on the male client's desire to have the bedroom temperature one degree lower. This topic in and of itself does not reveal any patriarchal assumptions, but there was other information other than the dominant linguistic behaviors that supported that topics were not informed by feminist thought. First, the wife revealed in the telling of her story that she wanted children in bed with the two of them fighting over covers, rather than several dogs and cats. This topic was completely ignored. Second, the wife listed no financial income and her husband listed \$170,000. This financial disparity and its influence were not addressed by the therapist in spite of the obvious power struggle that the couple was actively engaged in; they could not agree on the bedroom temperature demarcated by one degree.

Feminists have already offered the identification, research, and education needed for clinicians to recognize and address gendered driven topics. This was written about since the mid 1970s, as indicated in the literature review. This particular study exposed the fact that four experienced, credentialed, and intelligent marriage and family therapists did not use this information in their sessions with couples that were all experiencing gendered issues. If they were informed about this knowledge, then they would have understood the necessity of naming any issues that expose the topics of gendered power differentials, specifically, women's responsibility for household chores and child care, not acknowledging unwaged work, not having access to the marital money, contributing to relational talk, sexual boundary violations, receptivity to relational influence, and women's overaccommodation to their male partner's needs. All of these issues were revealed in the four sessions analyzed, and none of them were named or linked to gender

and power. The therapists' lack of recognizing the importance of this framework perpetuated the patriarchal rules of marriage. Feminist research has shared findings similar to this for the past 25 years. However, this research is still not mainstreamed into the field of marriage and family therapy.

### **Giving the Wrong Direction**

As professionals, marriage and family therapists are supposed to be in charge of the topic during a counseling session. However, there are times when a therapist can feel ineffective in directing the topic during a session. It is important to deconstruct how this can happen by taking a closer look at the discourse as it relates to gender. If several attempts are made by the therapist to be directive and those attempts are ignored and/or met with arguments, often a therapist may acquiesce, which is a reproduction of our cultural rules. This is an example of power played out in language. If the therapist chooses to acquiesce, it should be a decision that does not cost the less powerful member of the couple. The case of "What about Her Needs" represented the therapist following the male client's topic of wanting more leisure time and directing the female client to help solve the problem by finding her husband a hobby. The therapist had made previous attempts to get him to explore leisure hobbies that he could do alone, but there was never a commitment on his part to do so. The wife was triangulated into the focus on this topic.

The wife was instructed to "shift the focus," which implied to shift the focus back to her husband since the therapist ignored the female client's topic and supported the male client's topic. The therapist announced that it was time to "move from the complaint to the solution." During this segment, the female client's talk was totally ignored, and as a result she stated that she "did not understand." The therapist asked the male client to specifically ask for what kind of time he wanted for himself. The male

client shared all the reasons why he could not pursue leisure time for himself. He said that “everything is shut down until hunting season,” that it was “too hot” for fishing, that there was “nothing to do except” focus on the bills, and that he could not bike because there was not anyone available to go with him due to his odd work schedule. The female client followed the therapist’s lead in locating a hobby. The wife’s idea for leisure activities for her husband were fishing and bicycling, when he was not hunting. She also offered solutions for having someone else to ride bike with him and offered solutions for the scheduling problem “well just go on the weekend.” However, none of the suggestions by his wife or the therapist were useful because he never made a commitment or made an alternative suggestion for a new hobby or leisure activity. He had something else in mind; it was later revealed that the leisure activity that he wanted to commit to and talk about was more unrestricted marital sex. The last statement made by the male client in this segment indicated that it would take a lot of sex over a period of time for him to get remotivated. This balderdash was never challenged.

### **Professional Directives Ignored or Short-term Behavior Changes in Male Clients**

Both the male client and the female client are supposed to agree to receive feedback and be influenced by the professional marriage counselor. However, the question remains, how much can female therapists actually influence her male client’s behavior? Some female therapists ignore the culturally defined rules of gendered power and pretend they are exempt from this. They imagine that they do make a difference, and can cut through hundreds of years of repeated culturally sanctioned practices. Many therapists never deconstruct gendered power. Even when there are notable behavior changes in male clients, how long do they last? How often do female clients return as individual clients only to share how their male partners’ new behaviors lasted only a few

weeks to a few months, and that he is not interested in returning to couples counseling? He does not want to be held accountable or challenged for his privileged behavior.

### **Exposing Privileged Talk Rules**

There is a division of labor in mixed gender conversation. Women are less successful than men in getting their topics accepted, especially with topics that are not well received because they require renegotiating of lopsided power differentials. Male inexpressiveness and refusal to talk is a method for achieving control in mixed gender conversation. In the case of “What about Her Needs,” the male client announced during the counseling session his male privilege for inexpressiveness. He stated, “there are things where yeah I’m not verbal; I’m not going to lie about it. I don’t have a lot of things to say sometimes. Uh, and there are some thing that I just, don’t want to discuss.” The male client was not challenged for his unreasonable claim to make decisions about what he will or will not talk about and whether he wants to be verbal. The choice to enter into a relationship requires dialogue, and both individuals have to be held accountable for this part of the relationship. However, it would be healthier if the male client would hold himself accountable to act as an equal in a relationship rather than have a therapist do so.

### **Conclusions/Summary**

Feminists have provided a critique of heterosexual relationships and exposed the hierarchy of the gender-power construction. We socially construct heterosexual relationships so that they reflect our current patriarchal organization and rule. As a result, women’s contributions are devalued and men’s contributions are valued. Marriage and family therapists who have not strived to reach these ethical standards continue to reinforce patriarchal rules within their counseling sessions. Not only are they not addressing issues in counseling that are determined by gender but they are also

participating in the power dynamics of gendered determined linguistic behaviors. This study revealed that the female client's contribution to the discourse in marriage counseling is devalued, how the marriage counselor participated in the gendered hierarchy, and how the counseling session cannot be separated from the sociocultural rules of a patriarchal society any more than the family could be separated from outside influences; the latter being a notion that was believed for many years within the profession of marriage and family counseling.

There is not any specific intervention that will fix this problem. It would seem redundant and mundane to suggest that education be available, as this has been available and suggested for some time; it just is not being mainstreamed into counseling training programs. The workshops offered after licensing entice those who have discovered on their own the connection between gender and power and challenge themselves to rise to higher ethical standards to be empathetic to those who are oppressed. Deconstructing gender and race would certainly be useful in the pursuit of increased counselor authenticity. But, how do you get the attention of the profession? Something new needs to emerge from the circular conversation that has taken place in our profession.

Redundancy certainly cannot be enlightening. Merging research from the sociolinguistic field into the marriage and family therapy field seems reasonable. This study combines the research on gendered linguistic behaviors and applies it in the counseling room.

Perhaps after concluding that relationship counselors are still working with their hands tied and are therefore less effective, we can begin to focus on our participation in the hegemonic system that includes gendered determined linguistics behaviors. This is something we can all operationalize. This is something that we can hear with our own ears which can become a focal point in our work to help couples address the power



differences that they all present. Certainly, this should be an expectation for relationship experts.

### **Improvements or Future Research Needed**

Ideas for improvement or future research that emerged during and after this study will be included in this section. Future studies could include a discourse analysis of couples in counseling to explore the relationship of context of therapy (e.g., who initiates therapy, presenting issue, who is more invested in the relationship) and dominant linguistic behaviors. In addition, the relationship of therapists' alignments and their linguistic behaviors could be further explored.

More studies are needed to gain increased clarity about the use of hedges in mixed gender talk. Categorizing the use of hedges as being either used with certainty or uncertainty was inconclusive. In addition, other uses emerged that did not fit in to these categories. The use of notifier words needs to be studied in mixed gender talk. The term notifier was created to describe the function of certain words such as “okay” and “right” when the speaker wanted to have a turn and seemed to use this word as a test for a turn. Other times, the words were used more aggressively to interrupt and steal a turn. Although they could be, and were at times, minimal responses, the majority of the time notifiers were not used as such. Studying both the use of hedges and notifier words in the analysis took a great deal of time since in order to understand them; they had to be situated within the context of the surrounding speech.

It was interesting to witness some themes that occurred in all four of the analyses. There are certain common male phrases that appeared in all the sessions analyzed that are also frequently witnessed by feminist marriage and family therapists. These phrases appear to indicate a powered position, immobility, and an air of untouchability. Some of

the phrases that are heard during marital counseling, including some that were documented in these cases were I'm just telling you, the point is, I'm just asking, what's your point, I've always been that way, It comes from my childhood, she'll just have to get used to it, and I'm only going to say this once. One of the male therapists who appeared to rescue and speak for the male client in his session actually guided the telling of the story and made the excuse that the reason the male client acted the way he did was because of his past; however, he did not hold him accountable for his actions. These common phrases could be researched and documented, which would help marriage and family therapists identify gendered talk related to dominant behavior.

It would be wise for there to be more research about how therapists handle the dominant linguistic behaviors of their clients. It was documented that the two female therapists allowed the male client to control the topic when he refused to be lead by the therapist. One female therapist began stuttering and repeating herself when the male client was relentless in his dominant linguistic behaviors. He challenged her not by the topic but by his linguistic response to her. None of the therapists, male or female, challenged the male client's dominant speech; and it remained unchecked except to struggle for a talk turn with interruptions of their own. One male therapist often spoke for the male client due to his use of silence and unresponsiveness, and the other male therapist rescued the female client from her husband's aggressive linguistic behavior. Is there a pattern for female therapists to work hard at aligning with their male clients in hopes that they will return for couple's counseling? Would the male clients return if the therapist held them accountable for dominant linguistic behaviors such as interrupting and controlling the topic? Would they participate if the therapist made these rules clear at the beginning of the session? Would we lose all the men in couple's counseling since we

would be attempting to introduce a different system that is not supported by our culture? Are the alignments with the male clients and the female therapists done at the expense of the female client? An alignment was evident in at least one of the sessions and perhaps the other session that was conducted by the female therapist. Do male therapists need to rescue and make alignments as well, even if for different reasons? Do male therapists participate in enabling their male clients to continue to act privileged by reframing the power issues as a “communication” problem? These ideas need to be explored further in future research.

Another interesting study would be to look more closely at how husbands ask their wife’s questions. Specifically, are questions always interrogative, a set up, manipulative, or to make a point? This study indicated that this occurred frequently.

The knowledge about the use of “you know’s” in the counseling setting needs to be expanded. The therapist needs to understand that the speaker is not being supported when this occurs, including themselves.

Overall, there were many interruptions and overlaps in the counseling sessions. The two sessions directed by the male therapists included 32 interruptions, with 14 overlaps, and 10 interruptions with 3 overlaps, consecutively. The two sessions directed by the female therapists included 38 interruptions with 5 overlaps, and 31 interruptions with 17 overlaps, consecutively. Perhaps some research needs to be done on how our profession could address this issue. There is a concern that therapists may be allowing their male clients to control the topics when doing marital counseling. This issue needs to be further researched.

Simpler ideas that may lead to something meaningful would be to look at how often the therapist addresses their clients by their names. How often does the therapist

ask a question to the couple when it is really intended for him; but it allows the male client to save face when being challenged and the therapist to save face in case the male client does not respond. The use of “but’s” was frequent and often used as an interrupter. Future analysis would help shed more light on this linguistic behavior. Also important to observe in analyzing dominant talk is how often someone’s voice was not heard because of a loud talker stealing their turn. This study designated speech that was not audible as (?). The analyses of two of the four sessions revealed that the female client referenced an issue about not having biological children, and the therapists, one male and one female, did not address this. One is left wondering why this was left untouched.

All of these ideas include the marriage and family therapist learning about gendered determined linguistic behavior and creating a plan on how they will address this issue. Hopefully, it will force everyone to look at the unequal power differentials that have been presented to marriage and family therapists since the profession began and has been rendered more palpable through this study’s results.

APPENDIX A  
IRB APPLICATION

313. **TITLE OF PROTOCOL:** Study of language patterns of nonviolent heterosexual couples in marriage and family counseling.
314. **PRINCIPAL INVESTIGATOR(s):** Karen Spicer, doctorate candidate, College of Education, University of Florida; Marriage and Family Counseling, 435 South Ridgewood Ave., Daytona Beach, Fl. 32114, Work/fax number: (386) 252-4676, home number (386) 760-7736. e-mail address: kstespicer@mindspring.com
315. **SUPERVISOR:** Dr. Silvia Echevarria-Doan, Associate Professor, Department of Counselor Education, University of Florida, P.O. Box 117046, 1215 Norman Hall, Gainesville, Fl. 32611, phone (352) 392-0731 ext. 237, fax 352-846-2697. e-mail address: silvia@coe.ufl.edu
316. **DATES OF PROPOSED PROTOCOL:** January 1, 2004 to January 1, 2005.
317. **SOURCE OF FUNDING FOR THE PROTOCOL:** None.
318. **SCIENTIFIC PURPOSE OF THE INVESTIGATION:** To study and analyze language patterns of couples in marriage and family counseling.
319. **DESCRIBE THE RESEARCH METHODOLOGY IN NONTECHNICAL LANGUAGE.** Five couples will be asked to participate in this study which examines counseling sessions occurring in a licensed marriage and family private practice setting. The five heterosexual couples will be chosen from five different licensed marriage and family therapists from their private practice in the State of Florida. The therapists will be chosen by the Principal Investigator based on convenience. Using the criteria provided by the Principal Investigator, each therapist will select a qualified couple from their practice to audio tape. A 45 to 60 minute audio tape of five different couple's counseling sessions will be recorded. The recorded tapes will be personally delivered to the Principal Investigator. The Principle Investigator will not be present during the counseling sessions so this will require the clients to sign a release of information form. Following the taping of the session, the therapist will complete an eleven question multiple choice questionnaire, reflecting their awareness of language differences during the session.

- 320. POTENTIAL BENEFITS AND ANTICIPATED RISK.** No risks of any kind are anticipated. A possible benefit is the awareness of the couple in how they communicate with each other during counseling sessions.
- 321. DESCRIBE HOW PARTICIPANT(S) WILL BE RECRUITED, THE NUMBER AND AGE OF THE PARTICIPANTS, AND PROPOSED COMPENSATION (if any):** The Principle Investigator will recruit licensed marriage and family therapists that she believes might be interested in participating in this research and that are likely to have clients that meet the study criteria. The individual therapist will decide which qualified couples from their practice may be willing to volunteer; the principle investigator will not be involved in this selection process except to the extent necessary to verify with the therapist that the potential participants meet the study requirements. Potential participants will be contacted by their therapist and asked about participation when they are seen in the office for their regularly scheduled sessions. The therapist will use their own audiotape recorder or borrow the Principle Investigator's recorder, if needed, to audio tape one session in their office. The Principal Investigator will provide a blank audio cassette tape for each therapist. The Principle Investigator will not be present for the audio taping so that a signed release of information form will be needed before audio taping proceeds. The release of information will provide the participants' authorization for their therapist to share the audio tape and certain pertinent client information with the Principal Investigator. Among the other requirements set forth, each of the participants will be over 21 years of age. There will be no compensation to the therapist or the participants for participation in this study.

**DESCRIBE THE INFORMED CONSENT PROCESS. INCLUDE A COPY OF THE INFORMED CONSENT DOCUMENT.** An informed consent form will be provided to participants prior to the counseling session to be recorded. Participation is completely voluntary. A copy of the informed consent form is attached.

**Principal Investigator's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I approve this protocol for submission to the UFIRB:**

**Dept. Chair's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

APPENDIX B  
INFORMED CONSENT FORM

**(PLEASE READ THIS CONSENT DOCUMENT CAREFULLY BEFORE YOU DECIDE TO PARTICIPATE IN THIS STUDY.)**

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**Protocol Title:** A study of discourse analysis of couple's counseling session.

**Purpose of the research study:** The purpose of this study is to examine the language patterns of couples while in counseling sessions.

**What you will be asked to do in the study:** An audiotape will be recorded of one of your counseling sessions.

**Time required:** 45 to 60 minutes, depending on the counselor's time for session.

**Risks and Benefits:** There are no known risks. You will be offered a copy of the transcript of the session if desired by you and your therapist. A possible benefit is the awareness of the couple in how they communicate with each other during counseling sessions.

**Compensation:** There is no compensation for participating in this research.

**Confidentiality:** Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number. The list connecting your name to this number will be kept in a locked file in my faculty supervisor's office. When the study is completed and the data have been analyzed, the list will be destroyed. Your name will not be used in any report. The audiotape will be destroyed after it is transcribed. The only people who will have access to the tapes will be the doctorate candidate and Principal Investigator, Karen Spicer, the faculty supervisor, Dr Silvia Echevarria-Doan, and the faculty methodologist, Dr. Mirka Koro-Ljungberg.

**Voluntary participation:** Your participation in this study is completely voluntary. There is no penalty for not participating.

**Right to withdraw from the study:** You have the right to withdraw from the study at anytime without consequence. You don't have to answer any questions that you do not want to answer.

**Whom to contact if you have questions about the study:** Karen Spicer, 435 South Ridgewood Ave. Ste. 208, Daytona Beach, Fl. 32114, phone 386-252-4676; Dr. Silvia Echevarria-Doan, University Florida, Dept. of Counselor Education, 1215 Norman Hall, Gainesville, Fl. 32611, phone 352-392-0731, ext. 237.

**Whom to contact about your rights as a research participant in the study:** UFIRB Office, Box 112250, University of FL., Gainesville, FL. 32611; phone 352-392-0433.

**Agreement:**

I have read the contents and procedure described above. I voluntarily agree to participate in this protocol and I have received a signed copy of this form for my records.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_



APPENDIX C  
RELEASE OF INFORMATION

CONSENT FOR EXCHANGE AND / OR RELEASE OF INFORMATION

(a release of information is needed for each client)

- By signing below, I \_\_\_\_\_,  
give my permission for Karen Spicer, L.M.F.T., to receive information from my  
marriage and family therapist:

Name of therapist: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**For the following purpose:** To give possession of an audio tape of my couple's therapy session to Karen Spicer.

- 
- By signing below, I \_\_\_\_\_, give my  
permission for \_\_\_\_\_,  
to exchange and/ or release information with/ to:

Karen Spicer, MS, LMFT, RN, CAP  
Phone/Fax: 386-252-4676  
435 South Ridgewood Ave.  
Daytona Beach, Fl. 32114

The undersigned is aware that this consent can be withdrawn at any time.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

## APPENDIX D TRANSCRIPTION NOTATIONS

The following transcription notations have been excerpted from Gale, 1996.

- (.) A pause that is noticeable but too short to measure.
- (.5) A pause timed in tenths of a second.
- = There is no discernible pause between the end of a speaker's utterance and the start of the next utterance.
- : One or more colons indicate an extension of the preceding vowel sound.
- Under Underlining indicates words that were uttered with added emphasis.
- CAPITAL** Words in capital are uttered louder than the surrounding talk.
- (.hhh) Exhale of breath.
- (hhh) Inhale of breath.
- ( ) Material in parentheses are inaudible or there is doubt of accuracy.
- (( )) Double parentheses indicate clarifying information, for example, ((laughter)).
- ? Indicates a rising inflection.
- . Indicates a stopping fall in tone.
- \*\* Talk between \* \* is quieter than surrounding talk.
- > < Talk between > < is quicker than surrounding talk.
- | The bracket between turns indicate overlapped talk and are placed by the words overlapped.

## APPENDIX E

### TRANSCRIPTION CONVENTIONS

The following transcription conventions have been excerpted from Silverman, 2002.

The examples printed embody an effort to have the spelling of the words roughly indicate how the words were produced. Often this involves a departure from standard orthography. Otherwise:

- ⇒ Arrows in the margin point to the lines of transcript relevant to the point being made in the text.
- ( ) Empty parentheses indicate talk too obscure to transcribe. Words or letters inside such parentheses indicate the transcriber's best estimate of what is being said.
- hhh The letter 'h' is used to indicate hearable aspiration, its length roughly proportional to the number of 'h's. If preceded by a dot, the aspiration is an in-breath. Aspiration internal to a word is enclosed in parentheses. Otherwise 'h's may indicate anything from ordinary breathing to sighing to laughing, etc.
- [ Left-side brackets indicate where overlapping talk begins.
- ] Right-side brackets indicate where overlapping talk ends, or marks alignments within a continuing stream of overlapping talk.
- o Talk appearing within degree signs is lower in volume relative to surrounding talk.
- > < "Greater than" and "less than" symbols enclose talk that is noticeably faster than the surrounding talk.
- ((looks )) Words in double parentheses indicate transcriber's comments, not transcriptions.
- (0.8) Numbers in parentheses indicate periods of silence, in tenths of a second. A dot inside parentheses indicates a pause of less than 0.2 seconds.
- ::: A series of colons indicate a lengthening of the sound just preceding them, proportional to the number of colons.

- A hyphen indicates stress or emphasis [for example, “he ne-ver does housework”].
- Underlining indicates stress or emphasis (for example, “he says”).
- dr^ ink** A ‘hat’ or circumflex accent symbol indicates a marked pitch rise.
- = An equal sign (ordinarily at the end of one line and the start of an ensuing one) indicate a ‘latched’ relationship-no silence at all between them.

Fuller glossaries may be found in Sacks, H., Schegloff, E. A., & Jefferson, G. (1974). A simplest systematics for the organization of turn-taking for conversation, *Language*, 50, 696-735; and Atkinson, J. M. & Heritage, J. (Eds). (1984) *Structures of social action: Studies in conversation analysis*. Cambridge: Cambridge University Press.

## APPENDIX F SPICER CONVECTIONS

- ↓ Arrow down indicates a drop in voice tone
- ↑ Arrow up indicates an increase in voice tone
- Italicized* Indicates a tense/angry voice
- / words \ Inside forward slash and backward slash are words that sound whiney
- ~ words ~ Inside squiggle lines represents a soft voice, different than talk that is lower in volume relative to surrounding talk
- < words > Talk between < > is slower than surrounding talk.
- + words + Talk between signs represents talk said with a chuckle or laugh
- words Talk with a dotted underline represent a mocking tone to voice
- ↑ words ↑ Talk between up arrows represents a lively chipper tone
- # words # Talk between the number sign symbols represents talk that is mumbled and not enunciated well.

APPENDIX G  
DEMOGRAPHIC FORM FOR THE CLIENT

The following questions are important for this research,  
I hope that they do not feel too intrusive.

- 1) Your Initials:
- 2) Male or Female?
- 3) Age?
- 4) Race?
- 5) Name of therapist?
- 6) How long have you been in couple's counseling with this therapist?
- 7) How often do you have sessions?
- 8) Have you been in couple's counseling before as a couple, even if with another therapist?
- 9) If yes, for how long and how often?
- 10) How long have you lived together as a couple?
- 11) Are you married?
- 12) If married, how long?
- 13) Have you ever suffered from or been diagnosed with a mental illness?
- 14) Have you ever been hospitalized for mental illness?
- 15) Are you taking any medications for your emotional health?
- 16) Would you please list your highest educational degree or years of college?
- 17) Would you please list how much money (approximate) you make each year as an individual?
- 18) Would you please list how much money you make as a couple each year?

APPENDIX H  
DEMOGRAPHIC DATA FORM FOR THE THERAPIST

- 1) Your name:
- 2) Your credentials:
- 3) Male or Female?
- 4) Age?
- 5) How long have you been working with this couple and how often?
- 6) How long have you been a licensed Marriage and Family Counselor?

APPENDIX I  
FOLLOW UP QUESTION FORM

**Three follow up questions for the therapists:**

(Please take a couple of minutes to write your thoughts and mail back to me.)

1) Would you consider the session that was audio taped to be typical for this couple?

2) In what way, if any, did audio taping affect how you did therapy?

3) Did knowing the title or idea of my dissertation affect how you conducted your session and if so how?



APPENDIX J  
TABLE OF SESSION TIME AND SEGMENT ANALYZED

	“What about her needs” (case #1)	“Much ado about nothing” (case #2)	“One more degree in the bedroom (case #3)	“Stepping out for power” (case #4)
Segment of session analyzed	37.77 minutes	35.56 minutes	33.77 minutes	36.56 minutes
Total time of the session	52 minutes	48 minutes	62 minutes	77 minutes

\* Average length of session was 60 minutes

\*\* Average time of session analyzed was 36 minutes (35.92)

APPENDIX K  
TABLES FOR THE CASE OF “WHAT ABOUT HER NEEDS”  
(CASE # 1)

Table K-1. Talk time

T	M	F
34 %	35 %	31 %
1,296 words	1,351 words	1,189 words
Total words = 3,836		

\* Note: talk time was calculated based on the entire session due to lengthy monologues.

Table K-2. Interruptions

T → M	T → F	M → T	M → F	F → T	F → M
3	7	8	6	2	7
10		14		9	

Table K-3. Overlaps

T → M	T → F	M → T	M → F	F → T	F → M
3	3	3	1	6	1
6		4		7	

Table K-4. Collaborative speech

T → M	T → F	F → M
1	0	0

Table K-5. Minimal responses

T → M	T → F	M → T	M → F	F → T	F → M
22	7	2	0	3	0
29		2		3	

Table K-6. Questions

T → M	T → F	M → T	M → F	F → T	F → M
27	15	2	0	3	2
46 (includes 4 to both)		2		5	

Table K-7. Hedges

T → M	T → F	M → T	M → F	F → T	F → M
3 (0 “you know”)		18 (6 “you know”)		21 (10 “you know”)	

APPENDIX L  
TABLES FOR THE CASE OF "MUCH ADO ABOUT NOTHING"  
(CASE # 2)

Table L-1. Talk time

T	M	F
48%	21%	31%
1,543 words	657 words	1,009 words
Total words = 3,209		

Table L-2. Interruptions

T → M	T → F	M → T	M → F	F → T	F → M
3	2	1	3	1	0
5		4		1	

Table L-3. Overlaps

T → M	T → F	M → T	M → F	F → T	F → M
1	0	0	0	2	0
1		0		2	

Table L-4. Collaborative speech

T ↔ M	T ↔ F	F ↔ M
2	1	0

Table L-5. Minimal responses

T → M	T → F	M → T	M → F	F → T	F → M
15	25	2	1	2	0
40		3		2	

Table L-6. Questions

T → M	T → F	M → T	M → F	F → T	F → M
11	3	0	6	2	7
17 (3 to both M & F)		6		9	

Table L-7. Hedges

T → M	T → F	M → T	M → F	F → T	F → M
34 (15 "you know")		21 (2 "you know")		8 (0 "you know")	

APPENDIX M  
TABLES FOR THE CASE OF "ONE MORE DEGREE IN THE BEDROOM"  
(CASE # 3)

Table M-1. Talk time

T	M	F
16%	50%	34%
540 words	1,624 words	1,117 words
Total words = 3,281		

Table M-2. Interruptions

T → M	T → F	M → T	M → F	F → T	F → M
4	2	4	18	0	4
6		22		4	

Table M-3. Overlaps

T → M	T → F	M → T	M → F	F → T	F → M
2	0	3	5	0	4
2		8		4	

Table M-4. Collaborative speech

T → M	T → F	F → M
0	0	0

Table M-5. Minimal responses

T → M	T → F	M → T	M → F	F → T	F → M
10	2	4	7	5	1
12		11		6	

Table M-6. Questions

T → M	T → F	M → T	M → F	F → T	F → M
17	7	5	9	1	5
24		14		6	

Table M-7. Hedges

T → M	T → F	M → T	M → F	F → T	F → M
4 (0 "you know")		21 (0 "you know")		14 (1 "you know")	

APPENDIX N  
TABLES FOR THE CASE OF "STEPPING OUT FOR POWER"  
(CASE # 4)

Table N-1. Talk time

T	M	F
22 %	41 %	36 %
3,219 words	5,922 words	5,225 words
Total words = 14,366		

\* Note: talk time was calculated based on the entire session due to lengthy monologues.

Table N-2. Interruptions

T → M	T → F	M → T	M → F	F → T	F → M
4	4	8	13	5	4
8		21		9	

Table N-3. Overlaps

T → M	T → F	M → T	M → F	F → T	F → M
0	2	0	0	3	0
2		0		3	

Table N-4. Collaborative speech

T → M	T → F	F → M
1	1	0

Table N-5. Minimal responses

T → M	T → F	M → T	M → F	F → T	F → M
9	5	3	0	0	0
14		3		0	

Table N-6. Questions

T → M	T → F	M → T	M → F	F → T	F → M
13	12	0	9	0	3
25		9		3	

Table N-7. Hedges

T → M	T → F	M → T	M → F	F → T	F → M
14 (6 "you know")		21 (5 "you know")		22 (6 "you know")	

APPENDIX O  
TABLES FOR THE SUMMARY OF ALL FOUR SESSIONS

Table O-1. Talk time

	T	M	F
Case #1	34%	35%	31%
Case #2	48%	21%	31%
Case #3	16%	50%	34%
Case #4	22%	41%	36%

Table O-2. Interruptions

	T → M	T → F	M → T	M → F	F → T	F → M
Case #1	3	7	8	6	2	7
Case #2	3	2	1	3	1	0
Case #3	4	2	4	18	0	4
Case #4	4	4	8	13	5	4
Total	14	15	21	40	8	15

Table O-3. Overlaps

	T → M	T → F	M → T	M → F	F → T	F → M
Case #1	3	3	3	1	6	1
Case #2	1	0	0	0	2	0
Case #3	2	0	3	5	0	4
Case #4	0	2	0	0	3	0
Total	6	5	6	6	11	5

Table O-4. Collaborative speech

	T → M	T → F	F → M
Case #1	1	0	0
Case #2	2	1	0
Case #3	0	0	0
Case #4	1	1	0
Total	4	2	0

Table O-5. Minimal responses

	T → M	T → F	M → T	M → F	F → T	F → M
Case #1	22	7	2	0	3	0
Case #2	15	25	2	1	2	0
Case #3	10	2	4	7	5	1
Case #4	9	5	3	0	0	0
Total	56	39	11	8	10	1

Table O-6. Questions

	T → M	T → F	M → T	M → F	F → T	F → M
Case #1	*27	*15	2	0	3	2
Case #2	**11	**3	0	6	2	7
Case #3	17	7	5	9	1	5
Case #4	13	12	0	9	0	3
Total	68	37	7	24	6	17

\* Does not include the four questions that were directed to both the M & F

\*\* Does not include the three questions that were directed to both the M & F

Table O-7. Hedges

	T	M	F
Case #1	3 (0)	18 (6)	21 (10)
Case #2	34 (15)	21 (2)	8 (0)
Case #3	4 (0)	21 (0)	14 (1)
Case #4	14 (6)	21 (5)	22 (6)
Total	55 (21)	81 (13)	65 (17)

\* Note that the # of "you know" is located within the parenthesis

APPENDIX P  
LETTER TO THE PARTICIPATING THERAPISTS  
THAT WAS ATTACHED TO THEIR COPY OF THE TRANSCRIPT

Dear therapist participant,

Attached is the transcription of the couple's session that you submitted to me on audiotape. The transcription captures the vernacular speech, which is normal spoken language, so that all sounds and utterances were captured as best as possible. Please notify me if you have any concerns or disagreements with what was transcribed.

The actual discourse analysis will take many months. Identifying information will be taken out of the analysis that I use for my research but I left the enclosed transcript unaltered for your benefit. I will submit to you the collective research results of this analysis most likely in the Fall of 2005.

Once again, thank you so much for your participation in this research. I appreciate the vulnerability on everyone's part and value you even more as a colleague.

Most sincerely,

Karen Spicer



## APPENDIX Q LEGEND FOR TRANSCRIPTION

(Accompanied with the participating therapist's copy of their transcription)

T = therapist

F = female client

M = male client

( ? ) = unable to understand the spoken word/s

[ ] = this talk overlapped one or two other speakers

[ ( ? ) ] = overlap talk and I could not understand the spoken word

(word?) = if a word/s is written in the parenthesis then I am relatively certain of the word/s, but not 100%, so the question mark indicates this hesitation

“Riiight” = example of a word in which the vowel was drawn out

(pause) = a short pause but distinct

(long pause) = a distinctively long pause

(sounds other than words) = examples: (laughter) (sigh) (whisper) (soft voice).  
Loudness was not noted at this point.

“,” = comma used for slight pause

“.” = period used if it was clear the speaker ended the message

“?” = question used if it was clear that a question was being asked

Please take note that all words or sounds were transcribed. This means the transcript reflects vernacular speech, that being the normal spoken language. Everyone speaks this way, so hopefully everyone will remember this when reading. If someone is not accustomed to reading their vernacular talk then I think at times it can feel peculiar, therefore I am emphasizing its normality, even for the therapist. I hope this transcript can serve as a useful tool in counseling.

## APPENDIX R

### SUMMARY OF RESULTS PROVIDED TO THE PARTICIPATING THERAPISTS

#### **Introduction**

All four participating therapists, two male and two female, resided in different cities in Florida during the research. All are licensed marriage and family therapists with licensed experience ranging from 14 years to 21 years, with an average of 17 years. The audio tapes of the couples' sessions were recorded in the year 2004. The lengths of the sessions were 48, 52, 62, and 77 minutes, averaging 60 minutes. The segment of talk analyzed was 33.77 to 37.77 minutes, averaging 36 minutes. The segment chosen for analysis was after the beginning greeting and warm up and before the farewells began, attempting to capture the working phase of the session. The participating therapists alone chose the couples that meet the criteria for the study. The criteria for the study included that the couple meet the definition of being nonviolent (neither threatened nor experienced physical violence together as a couple), heterosexual, over 21 years of age, lived together as a couple either married or unmarried for a minimum of seven years, were engaged in couples counseling with a licensed marriage and family therapist and were past the early stage of therapy, recommended after session four, and the couple were free of major psychopathology. A follow up questionnaire was sent and confirmed that the sessions taped were typical of the couple that the therapists audio taped and typical of their therapy. In order to understand the results of this study, it will be

important to have a general idea of the purpose of the study, the research questions, and the linguistic behaviors identified and studied.

### **Purpose of the Study**

The purpose of the study was to identify gendered oppressive situational talk between nonviolent male and female partners in counseling sessions through discourse analysis. Feminist theory and the dominant theory of language were applied to the practice of marriage and family counseling. The dominant theory of language is a way of interpreting the different structured social variation in speech between females and males. According to the feminist critique of the marriage and family therapy discipline, therapists have ignored the power differentials in heterosexual couples. Attempts by the therapist to intervene in dominant speech behaviors were assessed as was their contribution to the power dynamics of the speech.

### **Research Questions**

The guiding questions for this study were formulated in association with the theoretical constructs, feminist theory of gender and power and dominant theory of language.

- How does the language between nonviolent heterosexual couples reflect power differentials between them during a couple's counseling session?
- How is language used during the counseling sessions?
- How is the client's use of language influenced by their gender?
- How does language in use affect the equity in the session?
- How does the therapist respond to the language inequity in the session, if present? Do they contribute to the inequity?

### **Linguistic Behaviors Studied**

Several different linguistic behaviors were identified that are characteristic of gender power differentials. Eight of these characteristics were talk time, overlaps, interruptions, use of minimal responses, use of hedges, control of topic, use of questions, and collaborative talk.

Talk time was counted by the number of words or utterances spoken. Overlap and interruptions in conversations signal irregularities. Overlaps are instances of slight over-anticipation by the next speaker and were identified when the last word or part of a word overlapped with the next speaker's turn. Interruptions are violations of the turn-taking rules of conversation. In such cases, the next speaker begins to speak while the current speaker is still speaking, at a point which could not be defined as the last word. Interruptions break the symmetry of conversation. Basically, the interrupter prevents the speaker from finishing their turn while gaining a turn for themselves.

Minimal responses in conversation include supportive responses such as "yeah" and "mhm," which don't constitute a turn but are ways of indicating the listener's positive attention to the speaker. Minimal responses include counting the supporting utterances which included words such as yeah, umhum, right, okay, and all right. However all of these words did not necessarily count as a minimal response. For example a speaker could have said that "everything was all right," in which case the words "all right" were not used counted as a minimal response. Another example is the word "okay." Sometimes this word is used as an interrupter to gain access to a talk turn rather than used as a minimal supportive response. Delayed or lack of minimal responses were also noted in this study. Delayed minimal responses function to signal a lack of understanding or interest in what a current speaker is saying and a lack of support for the

speaker's topic. Delayed minimal responses occur at an appropriate point in the conversation, but, only after a pause. The use of "you know" often occurs immediately before or after pauses in conversation and reveals a malfunction in turn-taking. It signals that the listener is not participating in the conversation and rejects the topic under discussion, as evidenced by the 'you know' occurring at the point in a normal conversation where one would expect a minimal response.

Hedges can be a reflection of cooperative discourse and are used to respect and negotiate sensitive topics and to encourage participation by everyone. Hedges can be spoken with certainty or with uncertainty. A hedge are words and phrases such as *may be, sort of, I mean*, and have multiple functions. Other words that may have been identified as a hedge include: kind of, I guess, I'm wondering, I think, I don't know, you know, and I just. Hedges can express shades of doubt in talk, allow for sensitivity to others' feelings, help in searching for the right words, and help to avoid playing the expert. Hedges can soften a hard line so that it encourages discussion. The literature review on hedges has mixed results leaving one with confusion.

Control of topics in conversation is normally shared equally between the participants. Topics are introduced in accordance with the interest of the speaker. If the listener is not interested in a topic they may ignore the topic and respond with silence or change the topic to one in which they are interested. This signals a malfunction in conversation. The use of questions to elicit a response in conversation is a powerful linguistic strategy, especially for the less powerful member in a conversation. Questions are part of the conversational sequencing device; questions demand a response from the addressee.

Collaborative talk, also called cooperative discourse strategies, is highly functional when the chief goal of talk is the maintenance of good social relationships. Females are more likely to engage in collaborative talk. This talk usually focuses on people and feelings rather than things; the speakers build on each other's contributions. Minimal responses are frequently used in cooperative discourse to signal involvement. Often, simultaneous speech will erupt, that is, two or more people speak at the same time as they pursue a common theme. Interrupting is not cooperative; an interrupter is pursuing their agenda and not building on the other's topic. Sometimes during simultaneous speech, speakers will complete each other's utterances, or repeat or rephrase each other's words. This type of talk does not compromise comprehension but actually permits a more multi-layered development of the topic.

### **Summary of Results**

This study revealed how prevalent, even with the best intentions, how male dominant linguistic behaviors enter the counseling room. All four of the therapists chosen are well respected, especially by me, and established therapists and yet the power of the patriarchal hegemonic system managed to leech into the therapist's counseling room where couples are supposed to be equal. The power of the hegemonic system not only affects all our institutions but also the profession that is assigned to help couples identify and manage their stress, including the sociocultural stress of gendered power differentials. Originally, my plan was to analyze the language of the couple in counseling. My committee instructed me that I could not ignore the therapist. Surprisingly, the discourse analysis revealed how the therapist also participated in gendered power talk.

The eight areas of focus on linguistic patterns were talk time, interruptions, collaborative talk, use of minimal responses, use of questions, control of topic, overlaps, and the use of hedges. Three of the four male clients used more talk; the other male client's talk time was in part represented by his male therapist who often spoke for him. It was not clear whether or not the male client was unwilling or unable to participate fully in the dialogue. All four male clients interrupted more during the counseling sessions than any other participant. The male clients' interruption of their spouses as well as the therapists ranged from 2 to 5½ times more frequent than those of the female clients. Three of the four sessions revealed collaborative talk which occurred between the therapists and the male clients; no collaborative talk was identified between the couple. Two of the male clients did not use any minimal responses to support their wives' speech, one used one, and the other used seven. Surprisingly, there was an unequal use of minimal responses by three of the therapists in favor of the male clients' speech.

In two of the four sessions the male client asked many questions to his wife; however, these questions were interrogative and aggressive. The therapist asked numerous questions to the male client and often the same question; the therapist asked fewer questions to the female client. Many of the questions that the therapists asked the male clients were for clarification and gathering information. The use of clarifying questions indicates to the speaker that the listener is actively listening. The use of questions also translates into more talk turns and more talk time for the person who is questioned. The use of questions assumes that the person being asked is the holder of information. The questioner pursues the information holder in conversation. Overall, all four therapists asked the male clients more questions than the female clients either reflecting the assumption that males are the holders of important information or that the

therapists have to work harder at getting the male clients involved in the counseling discourse.

Not only was the topic controlled by the male clients more than the female clients but they also controlled it more than the therapists. The therapists were repeatedly interrupted by the male clients when they attempted to redirect the topic away from their topic of choice.

In this study, the use of hedges was divided into those used with certainty and those used with uncertainty. The use of the specific hedge, "you know," which signals a lack of response by the listener was also coded. Two of the four therapists, one male and one female used an extraordinary amount of hedges in their talk. Most of the "you know" hedges that the therapists used were located in the talk when they addressed the male client. This signaled a lack of response from the male clients. It is apparent that the male clients dominated the talk and this is evident in the couple's counseling session. None of the therapists confronted the male clients for their dominant linguistic behaviors. One female client confronted her husband once for interrupting her, although he interrupted 21 times during the analysis. In addition, the female client was often silenced by the therapist through other linguistic features such as giving the male client more minimal responses, allowing him to control the topic, joining him with collaborative talk, allowing him more talk time, and interrupting him less.

More specifically, three of the four male clients and one male therapist, dominated the talk time in the counseling sessions. Males, both clients and therapists, used up more talk times than the females in all cases. The four female clients spoke 31%, 31%, 34%, and 36%; close to one third of the talk time. The four male clients spoke 35%, 41%, 50%, and 20%; the latter was the case where the male therapist often spoke for the



male client because he fell silent. The two female therapists spoke 34% and 22% while the two male therapists spoke 48% and 16%.

Male clients interrupted more than female clients. Interruptions into another's talk time were consistently done more by the male client; 14 to her 7, 4 to her 1, 22 to her 4, and 21 to her 9. Overall, the four therapists interrupted the male clients more frequently than the female clients. In two of the four cases the male client was interrupted more than the female client by the therapist (a ratio of 3:2 and 4:2), with most attempts made at regaining control of the topic; one case revealed the same number of interruptions by the therapists to the male client (a ratio of 4:4); and the fourth case revealed the female client was interrupted more than the male client (a ratio of 4:6). Male clients controlled the topic 100% of the time and if the therapist attempted to re-direct the topic, the male client displayed dominant linguistic behavior as an indication of resistance. The superseding topics in the four counseling sessions were his wanting more unrestricted marital sex, his reluctance to deposit money into a joint account, his wanting the temperature in the bedroom to be one degree cooler, and his wanting to have more attention from his wife, in her words an "affair-type relationship." All four of these topics were determined by the male clients although there were obvious failed attempts by the female clients to discuss topics that were of concern to them. These included respecting sexual boundaries, having outside interests in male friendships or hobbies so as to not focus his attention so much on her, complaining about his monitoring her whereabouts, wanting relational respect and linguistic response, stonewalling her financial access to marital money, wanting children, not acknowledging her accommodation to the temperature negotiation, wanting her husband to accept more relational caretaking responsibility of family members, and having "a voice" in the relationship and decision making. In all the cases the women did

not have the power to have their topics accepted by their husbands. There were times that both the husband and the therapist, both male and female, entirely ignored her response or topic introduction.

In general, the female clients (2,7,5,3) and the therapists (30,11,17,13) asked more questions to the male clients than the male clients asked the female clients (0,6,9,9) or the therapists (2,0,5,0). The two times that the male client asked his wife more questions than she of him occurred when the male client was agitated and interrogative with many of his questions. The four therapists appeared to labor with numerous questions to engage the male client. Sometimes the questions were evaded and never answered. Responding in submissive linguistic behavior was witnessed in the therapist and evidenced by their asking the question twice, stuttering, hedging, or repeating questions to the male client. Ultimately, he was not held accountable for not answering a question. More collaborative talk occurred between the therapist and the male client (1,2,0,2) than the therapist and the female client (0,0,0,0). This was further evidence that the therapists were more supportive of the male client's talk than the female client's talk. No collaborative talk occurred between the husbands and the wives during the session.

The therapist directed an unequal amount of minimal supportive messages to the male clients. Minimal responses directed to the male client by the therapist numbered 9, 22, 14, 10 as opposed to the 5, 8, 26, 2 directed to the female client. One session revealed about twice as many minimal responses given to support his talk in contrast to her talk, one was three times as many, and one was five times as many. One counseling session was reversed in that the male therapist supported the female client with almost twice as many minimal supportive responses than the male client. It was assumed that this occurred because the male client was angry and hostile during the session and the male

therapist attempted to support the female client in many ways, increased minimal responses being one of them. The lopsided nature of the supportive messages to the male client from the therapist reflects that the male talk was valued more than the female talk. Minimal responses directed by the wife to the husband numbered 0,0,0,1 while those of the husband to the wife were 0,0,1,7. Both number sets indicate a lack of support for each other's speech, which would be expected with couples in conflict receiving marriage counseling.

The marital power struggle for talk time and control of topic was a good indication that the couple needed help in negotiating their power differences in the relationship. There is a division of labor in mixed gender conversation. Women are less successful than men in getting their topics accepted, especially with topics that are not well received because they require re-negotiating of lopsided power differentials. Male inexpressiveness and refusal to talk can be a method for achieving control in mixed gender conversation. In the one particular case of the male client announced during the counseling session his male privilege for inexpressiveness. He stated, "there are things where yeah I'm not verbal I'm not going to lie about it. I don't have a lot of things to say sometimes. Uh and there are some thing that I just, don't want to discuss." The male client was not challenged for his unreasonable claim to make decisions about what he will or will not talk about and whether or not he wants to be verbal. This was the same husband that refused to respond to his wife and she expressed concern that he wouldn't talk to her about a lot of things.

This study revealed that the counseling session cannot be separated from the sociocultural rules of a patriarchal society any more than the family could be separated

from outside influences; the latter being a notion that was believed for many years within the profession of Marriage and Family Counseling.

Merging research from the sociolinguistic field into the marriage and family therapy field seems reasonable. This study combined the research on gendered linguistic behaviors and applied it in the counseling room. Perhaps after concluding that relationship counselors are still working with their hands tied can we begin to focus on our participation in the hegemonic system that includes gendered determined linguistics behaviors.

### **Suggested readings for further understanding**

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## BIOGRAPHICAL SKETCH

Karen Denise Ste.Claire Spicer was born October 28, 1959, and raised in Ocala, Florida. She is the youngest sibling of two older brothers, Denver and Dana. Upon graduating from Vanguard High School in 1977, she attended the University of Florida, receiving her Bachelor of Science in Nursing in 1981. Subsequently, she worked as a Registered Nurse in the areas of pediatrics/adolescents, cardiovascular and home health care. She has also worked for the Upjohn Pharmaceutical Company in Charlotte, North Carolina. Karen traveled around the Rocky Mountains for 3 months before moving to the Southeast United States. It is during these travels that she fell in love with Taos and Sante Fe, New Mexico, and frequents this spirit land as much as possible.

Informed by her nursing experiences, Karen shifted her professional focus toward the understanding of how mind-body interactions synergistically influence health and illness in human beings. To this end, she returned to graduate school and received her Master of Science degree in marriage and family counseling from Stetson University. Karen has worked as a psychotherapist since 1987 and has been licensed as a marriage and family therapist in the state of Florida since 1990. She is also a certified addiction professional. Karen enjoys her work as a psychotherapist and considers it an honor to share this experience with her clients. Karen was the director of the family services department at a treatment center in Daytona Beach for 4 years before having her daughter, Kelsey, who was born on her birthday. Karen has been partnered with her husband Bud for 19 years. The family enjoys water and island explorations around their

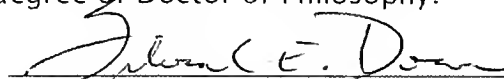
home in Ponce Inlet. Kayaking is one of Karen's favorite outdoor activities. Their Labrador, Sierra, especially enjoys coming along. The family loves animals and thus has many other animal comrades.

Karen has had a counseling private practice for the past 6 years. She also studied with a small group of feminist therapists named the Stone Center Study Group. She received an Advanced Certification in the Relational/Cultural Model at the Stone Center Training Institute in Wellesley, Massachusetts. It was here that she first heard the call for feminist researchers. After becoming aware of the social responsibility of speaking for an oppressed group, she sought to amplify the voice of women and conduct gender research that would reach and affect a larger audience. Karen enrolled in the counselor education doctoral program at the University of Florida earning her Ph.D. in marriage and family therapy with a concentration in women studies and gender research (WSGR) in 2005. Karen's primary interest and doctoral dissertation focus are the identification of power differentials in nonviolent heterosexual couples in counseling. She is equally excited by qualitative and quantitative research.

Karen has conducted professional presentations in many disciplines including "Exposing Power Differentials in Nonviolent Heterosexual Couples through Discourse Analysis" at the QUIG National Conference, January 2004 in Athens, Georgia; "Counseling Special Populations, The Feminist Approach" at the University of Central Florida, Daytona Beach campus, November 2004 in Daytona Beach, Florida; "Crisis Intervention, Identifying and Responding to Psychological Problems" at the Annual Florida College Nurses Association, October 1995 in Deland, Florida; and "Family Triggers in the Addictive Cycle" at the 1990 Annual Conference for the Florida Alcohol & Drug Association, in Miami, Florida.

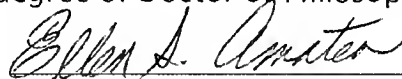
Karen's professional identity is that of clinician/researcher. She hopes to apply her newly acquired research skills to the promotion of social change through the exploration and exposure of the harmful effects of gender oppression upon children and families, thus affording all of us better, more authentic lives.

I certify that I have ready this study and that in my opinion it conforms to acceptable standards of scholarly presentation is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Silvia Echevarria-Doan, Chairperson  
Associate Professor of Counselor Education

I certify that I have ready this study and that in my opinion it conforms to acceptable standards of scholarly presentation is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



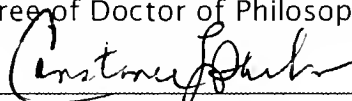
Ellen S. Amatea  
Professor of Counselor Education

I certify that I have ready this study and that in my opinion it conforms to acceptable standards of scholarly presentation is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Mirka Koro-Ljungberg  
Assistant Professor of Educational Psychology

I certify that I have ready this study and that in my opinion it conforms to acceptable standards of scholarly presentation is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Constance Shehan  
Professor of Sociology

I certify that I have ready this study and that in my opinion it conforms to acceptable standards of scholarly presentation is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

November 14, 2005



Dean, College of Education

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